



Virginia Network of Consultants

For Professionals Working with Children Who are Deaf and Hard of Hearing
Service Evaluation

Thank you for completing this evaluation about services provided! We will use the information provided to refine VNOc policies and procedures and to evaluate services.

Please return completed form via email, fax or USPS to:

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Specialist for Deaf & Hard of Hearing Services, VNOc Coordinator

Partnership for People with Disabilities, VCU

P.O. Box 843020

Richmond, Virginia 23284-3020

1. **Service provided**

School Division/Agency requesting service:

Your name and Role:

Administrator

Educator

Provider

Other (please specify)

Phone:

Email:

Brief summary of the service requested

Name of VNOc consultant/trainer:

Date(s) service was provided:

Location(s) at which service was provided:

Date of report review meeting/call:

Services were provided by: (Check all that apply)

Phone

Email

In-person

Conference Call

Other (please specify)

2. Effectiveness of consultation/training

Please indicate the extent to which you agree with the following statements	Strongly Agree	Agree	Disagree	Strongly Disagree	Not applicable
a) The process for procuring services was efficient.					
b) The service provided met its intended objectives.					
c) The service provided was relevant to my/our needs.					
d) Training materials provided were effective.					
e) I would recommend this service to a colleague.					
The VNOC Consultant:					
f) Understood my/our needs.					
g) Was knowledgeable in the topic/area.					
h) Was responsive to my/our questions.					
i) Shared information in a way I/we could understand.					
j) Suggested further support materials/information.					
As a result of these services:					
k) My/the staff's knowledge/skills in this area increased.					
l) There has been a positive impact on my/their professional work.					

3. Rating of services

Overall satisfaction:	Highly Satisfied	Satisfied	Somewhat Satisfied	Not At All Satisfied
Overall rating:	Excellent	Good	Fair	Poor

4. How can VNOC improve?

a) The process for requesting VNOC services?

b) VNOC reporting?

c) Closing Process/Reimbursements?

5. What aspect of the VNOC service provided worked best for you?

6. What did not work/was not effective about this VNOC consultation/training?

7. Is follow-up consultation/training needed?

No Yes

If yes, please describe:

THANK YOU for your time and thoughtful response to this evaluation.

