

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Residential Certification Evaluation
Legal Representative Interview

PROVIDER / CONTRACTOR NAME		EVALUATOR NAME	
EVALUATION DATES			INTERVIEW DATE
CLIENT NAME			CLIENT PERMISSION <input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> N/A
CONTACT NAME	PHONE NUMBER (WITH AREA CODE)	CONTACT ROLE (LEGAL REP, FAMILY, ADVOCATE, ETC.)	

The questions below are meant to capture if individuals are satisfied with the provider's instruction and supports, if needs are met, and if client rights are protected. Document answers to the questions or if they decline to answer. Some questions may not be applicable, depending on the type of program the client is in (i.e. finances).

Overall Satisfaction	Yes	No	N/A	Comments
What do you like about the services the provider provides to the client?				
Does provider provide the support in a positive manner, with dignity and respect, encouraging client to do things for themselves, to learn, and build skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Keeping in mind the support and assistance provided, what areas could provider improve upon?				
Do you have any concerns about the support provided to the client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there any service or assistance you would like to see from the provider that is not currently offered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any other comments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

FOLLOW-UP NOTES
