

**Weatherization Assistance Program
State of Utah
Field Monitoring Evaluation**

Please complete this Evaluation Form within 45 days of the monitoring visit

Agency Name:

Dates of Monitoring:

Person Completing Evaluation:

Please circle, mark or highlight the rating below that best represents your opinion on the subject:

A) This monitoring visit was beneficial to your staff and the Weatherization Program at your agency.

Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
1	2	3	4	5	6	7	8	9	10

B) The monitoring visit adequately addressed problems or concerns that were noted from a prior visit.

Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
1	2	3	4	5	6	7	8	9	10

C) The monitoring visit was conducted in a professional and businesslike manner.

Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
1	2	3	4	5	6	7	8	9	10

D) The Exit Interview adequately covered the issues raised during the monitoring visit.

Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
1	2	3	4	5	6	7	8	9	10

(Continued on back of form)

E) With assurance of complete anonymity, what suggestions would you make to improve the quality of regular monitoring visits as well as the Weatherization Assistance Program in the state?

F) Any other comments regarding this monitoring visit?

G) Other: Please specify what training was offered during the monitoring visit. Please list the length of time involved, number of participants, objective of the training, etc.

**Thank you for your time in completing this evaluation. Please return it to:
Michael R. Johnson, Director of Housing & Weatherization
State of Utah, Division of Housing and Community Development
324 South State Street, Suite 500, Salt Lake City, UT 84111**

**Weatherization Assistance Program
State of Utah
Training Workshop Evaluation**

Please complete this Evaluation Form within 45 days of the training workshop

Agency Name:

Date & Title of Training Workshop:

Person Completing Evaluation:

Please circle, mark or highlight the rating below that best represents your opinion on the subject:

A) The training workshop subject matter was appropriate, timely and needed.

Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
1	2	3	4	5	6	7	8	9	10

B) This training workshop was beneficial to you and the Weatherization Program at your agency.

Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
1	2	3	4	5	6	7	8	9	10

C) The training workshop was conducted in a professional and effective manner.

Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
1	2	3	4	5	6	7	8	9	10

D) The information received and skills gained in the training workshop are adequate to implement in client homes in the field.

Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
1	2	3	4	5	6	7	8	9	10

(Continued on back of form)

E) With assurance of complete anonymity, what suggestions would you make to improve the quality of this and other training workshops for the benefit of both your agency Weatherization staff and clients?

F) Any other comments regarding this training workshop?

G) Other: Please specify what other future training you feel is wanted or needed and the desired timeframe it should be offered in.

Thank you for your time in completing this evaluation. Please return it to:

**Michael R. Johnson, Director of Housing & Weatherization
State of Utah, Division of Housing and Community Development
324 South State Street, Suite 500, Salt Lake City, UT 84111**