



# Vocational Rehabilitation Toolkit Evaluation Form

The Heartland Kidney Network is interested in knowing your thoughts regarding our Vocational Rehabilitation Toolkit. Please share your comments regarding the usefulness of these resources.

Please complete this evaluation and fax back to us at 816-880-9088

Date: 

M	M

D	D

Y	Y

Use the scale below for your answers to the survey questions.  
Please put an "x" in only one answer for each question.  
If the question does not apply to this program, choose NA. Your comments are highly valued.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not Applicable</b>

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
1. The tools will assist me in promoting VR to patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The information and resources included in the packet met my professional needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The content of the VR Toolkit is presented effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I plan to utilize this toolkit in my practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I would recommend this toolkit to other colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Are there any recommendations that you would make to improve the Network process regarding the Vocational Rehabilitation Toolkit or Comments?***

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**FACILITY**

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**DIALYSIS CENTER SOCIAL WORKER**

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