

DATE _____

Certified Partner Evaluation of PFPP

Evaluating the KFCP Patient and Family Partner Program is an essential part of insuring its high quality. Please take a few minutes to complete this form and return it in the enclosed, stamped envelope to KFCP. Thank you!

As a Certified Partner, how many assignments to Mentees have you had to date? (Please fill out an evaluation for EACH Mentee, making copies of this evaluation for each.)

_____ Mentees

How long have you had this Mentee assignment?

_____ year(s) _____ month(s) _____ week(s)

How many times have you contacted this Mentee (approximately)?

_____ by phone _____ by personal visit

Do you feel your partnership has helped this Mentee?

_____ yes _____ no

Specifically, in what ways has your partnership helped your Mentee?

Do you feel your PFPP training has prepared you to serve effectively as a Certified Partner?

_____ yes _____ no

If your answer to Question #6 is "NO," what suggestions do you have to improve the training?

Do you feel comfortable speaking with your Mentee?

_____ yes _____ no

Whether you answered "Yes" or "No," has your comfort level increased during the time that you have been in the Program?

_____ yes _____ no

