# Feedback Form Template

**General Information**

|  |  |  |
| --- | --- | --- |
| Person supported | Person With Disability A | Person With Disability B |
| Meeting attendee | Name:       (do not use person’s real name) | Involvement in care: |
| Date of meeting |  | |
| Time of meeting |  | |
| Location of meeting |  | |

**Feedback Regarding Current and Changing Needs**

|  |  |
| --- | --- |
| **Current needs** | **Feedback** |
|  |  |
|  |  |
|  |  |
| **Changing needs** | **Feedback** |
|  |  |
|  |  |
|  |  |

*Add more rows as needed.*

**Feedback Regarding Current and Changing Preferences**

|  |  |
| --- | --- |
| **Current preferences** | **Feedback** |
|  |  |
|  |  |
|  |  |
| **Changing preferences** | **Feedback** |
|  |  |
|  |  |
|  |  |

*Add more rows as needed.*

**Feedback Regarding Community Participation Options**

|  |  |  |
| --- | --- | --- |
| **Community participation option** | **Feedback regarding how the option meets needs** | **Feedback regarding how the option meets preferences** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*Add more rows as needed.*

**Feedback Regarding Community Networks**

|  |  |  |
| --- | --- | --- |
| **Community network** | **Feedback regarding how the network meets needs** | **Feedback from attendees regarding how the network meets preferences** |
|  |  |  |
|  |  |  |

*Add more rows as needed.*

**Feedback Regarding Community Services**

|  |  |  |
| --- | --- | --- |
| **Community service** | **Feedback regarding how the service meets needs** | **Feedback regarding how the service meets preferences** |
|  |  |  |
|  |  |  |

*Add more rows as needed.*

End of Feedback Form Template