

Peer Evaluator Application

Name: _____ Facility/Work Site: _____

Contact Number: _____ Position/Job Title: _____

Program: ___MRT ___T4C ___Prime 4 Life

How long have you facilitated this program? _____

Do you have any experience facilitating any other programs? _____

If so, please list the programs taught and the length of time facilitated:

Do you have any experience supervising any other employees? _____

If so, what is your management experience? _____

How would being a Peer Evaluator affect your current job responsibilities?

Would you be able to use a state vehicle for peer review purposes? _____

Would it be possible for you to conduct one QA every three months at another site? _____

Describe your typical work schedule:

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____

Briefly describe why you would like to become a Peer Evaluator:

Applicant's Signature

Date

Approving Supervisor's Signature