

**Attachment D**

**Consumer Interview Format**

**Reviewers develop a profile of responses based on each consumer interview. The feedback remains anonymous.**

**Reviewer's Name:** \_\_\_\_\_

**Date of Interview:** \_\_\_\_\_

**Consumer's Name:** \_\_\_\_\_

**1. How long have you been a consumer at the Center?**

**2. How did you originally hear about the Center?**

**3. Can you tell me about the services you have received at the Center?**

**4. Please describe ways you may have benefited from the services you received?**

**NYS ACCES-VR CIL Program Review and Contract Monitoring Protocol 1/97**

**5. How would you describe the level of skills and knowledge of staff you have worked with at the Center?**

**6. Did you always feel in charge of your services at the Center?**

**7. Are you aware of services that the Center provides in addition to the services you have received?**

**8. Would you or have you recommended the Center to others?**

**REVIEWERS COMMENTS:**