

Evaluation Form

Thank you for taking the time to complete this short survey. All responses are anonymous. The information gathered from this survey will assist us to improve services and supports for TBI survivors. **You can also complete on line at:** www.surveymonkey.com/tbiproductsurvey

1. **Please identify the product you received:** Early Childhood TBI Toolkit

2. **How would you rate the quality/usefulness of the product?**

Low

Moderate

High

3. **If you ordered this product, what was the timeliness of the product you received?**

Slow to Arrive

In Time

Very Fast

4. **How would you describe yourself? (Choose all that apply)**

Youth TBI

Family Member

Educator/School Personnel

Rehabilitation Professional

Minority with TBI

Social Worker/Case-Manager

Adult with TBI

Other (Please describe) _____

5. **How will you use this product? (Choose all that apply)**

Increase personal knowledge about TBI

Discuss with my physician/other health care professional

Locate resources

Share with other organizations

Educate Others

Other: _____

6. **How could the product be improved?**

7. **What other services, supports or information do you need regarding TBI?** _____

8. **Please enter your Zip Code** _____

9. **Gender:** Male Female

10. **Race/ Ethnicity (optional):** White Non Hispanic Black non Hispanic Hispanic
 Native American Asian Pacific Islander Others

11. **May we contact you to discuss further your need for services, supports or information?**

Yes

No

If yes please give, Name: _____

Phone #: _____ **E-Mail:** _____

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