We would love to hear your feedback regarding this assessment experience. This survey is available online at maximusclinicalservices.com/svcs/tennessee or you may choose to complete and fax to the Maximus Quality Division at 877.431.9568.

Your Name: ___________________________ Individual's Name: ___________________________
Your Phone (_____) _______________________ Relationship to Individual: _______________________
Interview Date __________________________ Did the assessor arrive on time?  ☐ Yes  ☐ No

Length of the assessment:  ☐ Under 1 hour  ☐ 1 to 2 hours  ☐ 2 to 3 hours  ☐ More than 3 hours

<table>
<thead>
<tr>
<th>Please rate the following:</th>
<th>1 Disagree</th>
<th>2 Somewhat Disagree</th>
<th>3 Neutral</th>
<th>4 Somewhat Agree</th>
<th>5 Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The interview was scheduled at a convenient time/date.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The scheduler was courteous and communicated clearly.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The individual’s support team was well represented at the assessment.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The assessor was courteous and communicated clearly.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The assessor treated me/us with dignity and respect.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The assessor conveyed interest and took the time to learn about the individual’s support needs.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The assessment effectively captured the individual’s support needs.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

We welcome any additional feedback regarding:

1. The Assessment tool and its Uses (Feedback to the State):

2. Scheduling:

3. The Assessor: