

Involvement Evaluation Form for Implementation Team Members

WHAT IS THE PURPOSE OF THIS FORM?

- To regularly record your reflections after being involved as an implementation team member at a meeting or event.
- To provide information to the facilitator to help improve the experience and effectiveness of implementation team meetings.

WHAT WILL HAPPEN TO THIS INFORMATION?

- The facilitator will read the forms and prepare a summary to present to the team at the following meeting. The facilitator will prompt a discussion with the implementation team about how to tackle any issues raised collectively.
- If an evaluation or research project is taking place and you have consented to participate, your responses may be included in the analysis.

This form is a modified version of the "Sample involvement evaluation form for service user representative/project advisors" from the *Mental health researchers' toolkit for involving service users in the research process* (Mental Health Research Network, June 2011).



Check out our website
info@walkthetalktoolkit.ca
for more information.

ABOUT THE MEETING

1. Your name (optional):

2. What stakeholder group do you represent in the implementation team?

- | | |
|---------------------|------------------|
| Service user/client | Manager |
| Family member | Service provider |
| Knowledge user | Peer provider |

Other, please specify _____

3. Date of the meeting:

BEFORE THE MEETING

These questions are about what you may have received before this meeting to help you prepare.

4. How long before the meeting did you receive the written materials? Check all that apply.

- | | |
|---|------------------|
| Not applicable (no written material was required for this meeting) | 1-3 days |
| | 4-7 days |
| | More than 7 days |

5. Was this sufficient? Check all that apply.

- | | |
|-----|----|
| Yes | No |
|-----|----|

6. If not sufficient then how long before the meeting/event would you have liked the written materials?

7. In what way did you receive the written materials? *Check all that apply.*

email printed copy

8. Was this the best way for you?

Yes No

9. If no, how would you have liked to receive them?

10. How clear were the written materials?

Mark only one box.

LOW 1 2 3 4 5 **HIGH**

11. Were you offered the opportunity to raise questions before the meeting? *Check all that apply.*

Yes No

12. If yes, how well were your questions answered? *Mark only one box.*

LOW 1 2 3 4 5 **HIGH**

DURING THE MEETING

These questions are about your experience during the meeting.

13. How much did you feel able to contribute to the meeting? *Mark only one box.*

LOW 1 2 3 4 5 **HIGH**

14. Do you think that inclusion of your stakeholder perspective had any impact on the meeting? *Mark only one box.*

LOW 1 2 3 4 5 **HIGH**

15. Did the facilitator/chair of the meeting support you? *Mark only one box.*

LOW 1 2 3 4 5 **HIGH**

16. Did you feel supported by other members during the meeting? *Mark only one box.*

LOW 1 2 3 4 5 **HIGH**

AFTER THE MEETING

17. Do you think your views were valued? *Mark only one box.*

LOW 1 2 3 4 5 **HIGH**

18. Were you offered the opportunity to raise queries after the meeting/event?

Yes No

19. If yes, how well were the queries answered? *Mark only one box.*

LOW 1 2 3 4 5 **HIGH**



FINAL THOUGHTS

20. Overall, how would you rate your input into the meeting/event? *Mark only one box.*

LOW 1 2 3 4 5 HIGH

21. What would help you input into future meetings/events?

22. Is there any information or support that might benefit you for future meetings/events like this one?

23. Did you learn something today? *(for example about your organisation, or about recovery- oriented services, working in teams, or implementation planning)* **If so, please describe.**

24. Is there something you want to discuss that has not been discussed yet?

25. Are there any additional comments that you would like to make?



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