

Chair Evaluation Form

Dear Participant,

Thank you for participating in HRSA's review and congratulations on a job well done. Feedback from your experience is critical and will help us maintain and improve process quality. Please take a few moments to rate the quality and/or effectiveness of each item listed below. Do not hesitate to add specific comments where you see fit. Be assured that your responses will remain anonymous.

We thank you again for your commitment to this vital service, and we look forward to your participation in future grant reviews.

Truly,
Division of Independent Review

OMB Number 0915-0212

Expiration date 07/31/2018

Chair Evaluation Form

1. Please select the panel on which you served.

2. The reviewers came prepared to present their works (please feel free to explain in comment section) .

- Strongly Disagree
- Disagree
- No Opinion
- Agree
- Strongly Agree

Other (please specify)

3. The reviewers actively participated in the review process (contributed to the discussions, etc).

- Strongly Disagree
- Disagree
- No Opinion
- Agree
- Strongly Agree

Other (please specify)

4. The reviewer worked in cooperative fashion with the other panel members

Strongly Disagree
 Disagree
 No Opinion
 Agree
 Strongly Agree

Other (please specify)

5. I would choose to work with this panel again.

Yes
 No
 Maybe

Other (please specify)

6. Overall, I am satisfied with the panel members.


Not satisfy
 Partially Satisfied
 Satisfied
 Very satisfied
 Other (please specify)

6. Overall, I am satisfied with the panel members.

Not satisfy
 Partially Satisfied
 Satisfied
 Very satisfied
 Other (please specify)

7. Please let us know if you have any recommendations to improve HRSA's objective review process.

OMB Number: 0915-0212
Expiration date: 07/31/2015

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Thank you for participating in survey!

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Done