

# SAAIP Program Evaluation

## (Coordinators and Supervisors)

Name (optional)

Agency

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**Did you attend SAAIP Summer Seminar?**

Yes

No

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**Please rate your satisfaction level:**

	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
Satisfaction with SAAIP agency application form					
Communication with DPM staff during the process					
Referral Process					
Timeline of Process					
SAAIP Seminar					
Overall Satisfaction					

**Suggestions for improvement**

**Additional comments**

"Save as" then attach and email form to [eric2.barber@wisconsin.gov](mailto:eric2.barber@wisconsin.gov)