



ON-SITE MONITORING TOOL STAFF INTERVIEW WORKSHEET SAMPLE INTERVIEW QUESTIONS

ATTACHMENT F-1

SECTION A: GENERAL INFORMATION

1. PROGRAM SPECIALIST:

2. STAFF NAME OR IDENTIFIER:

3. AGENCY NAME:

4. PROGRAM OR SERVICE:

5. DATE OF INTERVIEW:

SECTION B: SAMPLE QUESTIONS

1. What is the activity flow once a client enters the program? What is the sequence of activities?

2. What issues have you experienced with the program?

3. How do you ensure that client engagement is focused on barrier remediation and self-sufficiency goals?

4. How would you characterize your agency's relationships with other non-profit organizations and service providers in your area?

5. Do you know your agency's goals?

6. Do you feel that your agency's work toward achieving its goals is improving, staying the same or declining?

7. What do you like most about the agency?

8. What do you like most about working with clients?

9. What do you like least?

10. If you could change anything, what might it be?

11. Do you have any questions or concerns that you would like to discuss?

12. Additional Comments:



ON-SITE MONITORING TOOL CLIENT INTERVIEW WORKSHEET SAMPLE INTERVIEW QUESTIONS

ATTACHMENT F-2

SECTION A: GENERAL INFORMATION

1. PROGRAM SPECIALIST:				
2. CLIENT NAME OR IDENTIFIER:			3. AGENCY NAME:	
4. PROGRAM OR SERVICE:				5. DATE OF INTERVIEW:

SECTION B: SAMPLE QUESTIONS

1. What services do you receive from (agency name)?
2. What information did (agency name) give you during the first days or weeks of your program or service?
3. Were you given options about what kinds of programs or services you could receive?
4. What are your self-sufficiency goals?
5. Do you have a case manager or someone at (program/service name) that you meet with?
6. How often are you in contact with the case manager?
7. Do you feel that your chances of achieving your goals have improved since enrolling in the program?
8. What do you like most about the program (or service)?
9. What do you like least?
10. Do you have any other comments you would like to share about the agency, staff, or program?
11. Additional Comments:



ON-SITE MONITORING TOOL BOARD MEMBER INTERVIEW WORKSHEET SAMPLE INTERVIEW QUESTIONS

ATTACHMENT F-3

SECTION A: GENERAL INFORMATION

1. PROGRAM SPECIALIST:

2. BOARD MEMBER:

3. AGENCY NAME:

4. SECTOR:

5. DATE OF INTERVIEW:

SECTION B: SAMPLE QUESTIONS

1. Why were you interested in becoming a board member?

2. Are you an officer of the board?

3. Do you currently serve on a committee? What is the committee responsible for and how often do they meet?

4. What did your orientation consist of?

5. What trainings have you had?

6. Did you receive ROMA training?

7. What can you tell me about ROMA and how do you see the board implementing ROMA?

8. Are you aware of your fiduciary responsibility?

9. Do you have any other comments you would like to share about the agency, staff, or program?

10. Additional Comments: