

**Listen to Everyone
Adult Home Dialogues Evaluation Form**

Date: _____

Location: _____

Time started: _____ **Time finished:** _____

Facilitator Name: _____

Participant information:

Male/Female (circle one)

Is this their first time participating? Yes / Moderate / No (circle one)

If not, do you notice any changes over time? _____

Level of overall hearing ability (circle one)

No problems Moderate problems Severe problems

Level of difficulty with conversation (circle one)

No problems Moderate problems Severe problems

How was the audio played? Speaker / Headphone / Other _____

Did the participant seem comfortable? Yes / No (circle one)

If not, in what way were they uncomfortable? _____

Session information:

List the clips played, and note which did and did not work well: _____

**Listen to Everyone
Adult Home Dialogues Evaluation Form**

How engaged was the participant in listening to the stories? (circle one)

Not engaged Somewhat engaged Very engaged

How engaged was the resident in the questions and conversation? (circle one)

Not engaged Somewhat engaged Very engaged

Did you share your own experiences and perspectives? Yes / No (circle one)

What was the result of this approach? _____

Notes & Observations: _____

Please share this evaluation form with Listen to Everyone to help us improve our programs at william.walker@oneonta.edu.