



COMMUNITY EDUCATION/AWARENESS FORM

Staff Member: _____ Position: _____

Other staff in attendance:

Date of Presentation: _____ Location: Paladin Other: _____

Awareness given to (Group/Individual) _____

Subject/Focus of Presentation: Services Provided Specific Program: _____ Industrial
Other: _____

(Comments/Impressions/Feedback) (PLEASE COMPLETE THIS SECTION ON ALL FORMS)

Did you perceive any barriers, (please check & comment “what”).

Attitudinal (how well are Persons With Disabilities perceived in the community?)

Excellent Good Fair Poor

Comment: _____

Physical (were there “physical” barriers where your spoke?-Was it accessible?)

Yes No

Comment: _____

Other: List _____

Follow up needed: Yes No Who and What Follow up is needed & by who (staff member)?

Community Awareness Definition: Explaining Paladin services, products, opportunities, etc. to community person(s), agencies, or businesses.

Please provide all necessary information and return completed form to Evelyn