Iowa STAR-SI Mentor Tri-Annual Reporting Form Reporting Period: X January - March 2007 (report due April 10, 2007) April- June 2007 (report due July 10, 2007) July-September 2007 (report due October 10, 2007) Mentor Name: Provider Name ___ (Please submit separate report for each provider mentored): 1. Provider (Executive Sponsor and SSA/Change Leader/Project Coordinator) conducted walk-through of intake/admission processes and reviewed written summary with mentor. (If the Executive Sponsor has not done a walk through, mentors will need to do encourage them to do one.) Date of walk-through: Date of mentor's review with provider: Provider identified intake/admission improvement opportunities from walk-2. through:____ Date of mentor's review with provider, (add your impressions in question 6):_____ 3. Provider solicited feedback from referral sources and from clients and their family members on intake/admission improvement opportunities. Date of mentor's review with provider: 4. Provider implemented Change Project to address identified improvement opportunities, including designation of Change Team members and proposal of data measures. _____Name of projects, and state aims: _____ Date of mentor's review with provider: Change Project update:

5. in pa	Coaching and technical assistance provided, including weekly phone calls, assist aperwork completion, data collection, monthly on-site meetings, etc.
Coac	hing/TA update:
6. chang	Mentor impressions of provider activities during quarter (understanding of ge, PI Process, change team dynamics, etc):
7.	Any project barriers and/or improvement recommendations?
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8.	Other activities you've participated in this quarter that support IA STAR-SI goals:

E-mail completed forms by the due date to: ghodges@idph.state.ia.us or Fax: 515-281-4535