

Iowa STAR-SI Mentor Tri-Annual Reporting Form

Reporting Period:

- | | | |
|-------------------------------------|----------------------|-------------------------------|
| <input checked="" type="checkbox"/> | January - March 2007 | (report due April 10, 2007) |
| <input type="checkbox"/> | April- June 2007 | (report due July 10, 2007) |
| <input type="checkbox"/> | 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: _____

2. Provider identified intake/admission improvement opportunities from walk-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:

