

**MOUNTAIN STATE CENTERS FOR INDEPENDENT LIVING
CONSUMER REQUEST/OUTCOME FEEDBACK FORM**

Consumer Name:

DOB:

Staff: (in charge of class or event)

Date: (of class or event)

Questions asked:

1. You requested to attend: (class or event/activity)
2. Did you accomplish what you wanted to today? Yes No
Tell us about it.
3. What other classes, activities, or programs would you like to see at our center?

Consumer Signature:

Office Use Only

Consumer did not attend (Please state reason)

Identify service type for 704 Report: