

Peer Support Advisor Feedback

Peer Support Advisor:

Date:

Reporting Period:

to:

How many participants did you interact with during this reporting period?

How many times did you interact with program participants during this reporting period?

How many hours did you spend interacting with program participants during this reporting period?

What kinds of activities did you do with program participants during this reporting period?

During this reporting period, what kinds of activities occurred between you and program participants that you thought were especially positive?

During this reporting period, were there activities which occurred between you and your Peer Support Advisee(s) that you thought might require additional attention? Please explain.

Do you have any additional comments or concerns about the Peer Support Advisor Program or your interaction with program participants?