

Reentry Services Exit Orientation Evaluation Form

Name: Not Required, but appreciated

Date: _____

Facility Name: _____ Reentry Specialist: _____

Instructions:

Please take a few moments to complete this evaluation form. Your feedback will help us improve our services and better support individuals transitioning into the community. Rate each statement using the following scale:

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

1. Orientation Content

- 1.1 The information provided during the orientation was clear and easy to understand.
 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5
- 1.2 The orientation covered topics that are important for my transition.
 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5
- 1.3 I received helpful materials and resources to use after my release.
 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5
- 1.4 I know how to access community resources (e.g., housing, employment, healthcare).
 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

2. Delivery of Services

- 2.1 The staff and speakers were knowledgeable and supportive
 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5
- 2.2 My questions and concerns were addressed.
 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5
- 2.3 I felt respected and valued throughout the process.
 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

3. Overall Experience

- 3.1 The exit orientation session has helped prepare me for a successful transition.
 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5
- 3.2 I would recommend this exit orientation to others in similar circumstances.
 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

4. Additional Feedback

- 4.1 What aspects of the orientation were most helpful?
- 4.2 What could be improved to better support individuals in their reentry process?
- 4.3 Other comments or suggestions: