

**Volunteer Ombudsmen Six Month Check In
King County Long Term Care Ombudsman Program**

Ombudsman Name:

Certification Date:

Date of Check-In:

1. How are your visits going?

2. How well have the residents received you?

3. How has the facility staff received you?

4. Have you worked any cases? If so, have you felt effective in your work resolving the complaint? Why or why not?

5. How has the LTCOP staff supported you in your work? Has this support been effective? If yes, how, if no, how could we improve?

6. Have the monthly meetings helped you in your work? How or how not? Do you have any suggestions for future meeting topics?

7. What from the training have you found most helpful in your work as an ombudsman? What has been least helpful? Do you have any suggestions for improving the training for future volunteer ombudsmen?