

**MONTGOMERY COUNTY
LONG TERM CARE OMBUDSMAN PROGRAM
SUPERVISORY REPORT FOR OMBUDSMAN REPRESENTATIVES**

Name of Ombudsman _____ *Month/Date/Year* _____

Facilities Assigned _____ *Date Started Ombudsman Program* _____

Describe how ombudsman representative interacts with the residents at the facility?

Describe how the ombudsman representative interacts with the facility staff?

How often does the ombudsman go to the facility? _____ Are visits random or is there a set schedule?

**In the last year, how many monthly meetings has the volunteer attended? _____
If the volunteers has missed more than three, why?**

**Does the ombudsman submit monthly reports and cases in a timely manner?
(Bring open cases in facility file with you for review and closure.)**

What special projects or activities has the ombudsman been involved in their facility?

What accomplishments does the ombudsman representative feel he/she has made in the facility?

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What outside training has been taken by the ombudsman representative to perform ombudsman duties?

What areas does the ombudsman representative feel he/she needs more support and /or training from their supervisor?

Comments made by the ombudsman representative on their experiences in the program.

Action Plan:

Signatures:

Ombudsman Representative_____

Immediate Supervisor_____

Reviewing Supervisor _____