

Total Points _____

ADVISORY COUNCIL NOMINEE QUALIFICATIONS LIST

Rating Sheet Instructions:

- Place Check by the Nominee's name
- One point per section (I. through V.)
- For number (VI.) score by giving a number one through ten
- Place total number of points at top of page

List of Nominees:

<u>Check</u>	<u>Nominee (s)</u>
<input checked="" type="checkbox"/>	
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

I. Does your nominee have experience with:

			<u>Points</u>
Caregiver	Yes_____	No_____	_____
Grant Writing	Yes_____	No_____	_____
Health Care	Yes_____	No_____	_____
Legislative Process/Advocacy	Yes_____	No_____	_____
Non-Profit	Yes_____	No_____	_____
Occupation/Disability Related	Yes_____	No_____	_____
Organization Administration	Yes_____	No_____	_____
Private Industry	Yes_____	No_____	_____
Underserved Population	Yes_____	No_____	_____

II. Does your nominee have a disability? Yes_____ No_____ _____

III. Does your nominee use (or has used) Assistive Technology (AT)? Yes_____ No_____ _____

IV. Has organizational affiliations/volunteer Experience? Yes_____ No_____ _____

V. Is your nominee a family member or a consumer? Yes_____ No_____ _____

VI. On a scale from one to ten, rate your nominee's membership value. _____