**Evaluator Information Form**



1**Employer /Organization**: Name of the agency or company where you work. This must be filled in. If you are self-employed, provide the name of your business.

2 **Employer Address**: Address of the above listed Employer/Organization.

3 **Evaluator Mailing Address**: Please provide this *only* if you want your mail to go to someplace other than your Employer Address.

4 **Email**: Local PBISEval Evaluators *must* have an email address. This will be used as your login name.

5**Preferred password**: Passwords must be between 8-15 characters, contain at least one uppercase letter, and at least one numeric character. The password can have special characters.

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| **The completed form may be mailed, emailed, or faxed.**  Phone: (855)455-8194 Fax: (541) 346-2471  Email: support@pbisapps.org |  | **PBISEvaluation /ECS**  **Attn: Diertra Lomeli**  1235 University of Oregon  Eugene, OR 97403-1235 |

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| **Evaluator Name:** |  |
| **Occupation/Job Title:** | **State of Evaluation:** |
| **Employer/Organization1:** |  |
| **Employer/ Organization website:** |  |
| **Employer Address2:**  **City, State, Zip:** | **Employer Phone:** |
| **Employer Fax:** |
| **Mobile Phone:** |
| **Evaluator’s Mailing Address3:** (If different than employer)  **City, State, Zip:** | **Work Phone:** (If different than employer) |
| **Work ext.:** |
| **Fax:** (If different than employer) |
| **Email4:** | **Preferred password5:**  (If you have an existing account in SWIS or PBIS Assessment, leave this blank) |