**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) |