

Evaluator Information Form

Evaluator Name:	
Occupation/Job Title:	State of Evaluation:
Employer/Organization ¹ :	
Employer/ Organization website:	
Employer Address ² : City, State, Zip:	Employer Phone:
	Employer Fax:
	Mobile Phone:
Evaluator's Mailing Address ³ : (If different than employer) City, State, Zip:	Work Phone: (If different than employer)
	Work ext.:
	Fax: (If different than employer)
Email ⁴ :	Preferred password ⁵ : (If you have an existing account in SWIS or PBIS Assessment, leave this blank)

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.

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

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