Date:

CONFIDENTIAL

Interviewer Tori Amber Diane Georg.

Total score:

Recommendation: ⁪ Accept ⁪ Do not accept

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL

OFFICE OF SUPPORT

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**INTERVIEW FORM FOR PROJECT LEAP CLASS OF 2015**

FIRST NAME: NICK NAME: LAST NAME:

**sCORING CRITERIA**

Use the following rating scale to evaluate the applicant’s answers to interview questions. Comments must be provided for a rating of 1 or 4:

|  |  |  |  |
| --- | --- | --- | --- |
| **Does Not Meet Expectations of a Successful LEAP Student** | **Needs Improvement to Meet Expectations of a Successful LEAP Student** | **Meets Expectations of a Successful LEAP Student**  | **Exceeds Expectations of a Successful LEAP Student** |
| Applicant did not answer the question and/or did not demonstrate a basic understanding of the issues, purpose, or intent of the program. Overall, program does not meet applicant’s needs and their participation will not achieve program goals. | Applicant answered the question, but their final response was vague or incomplete. It was not clear that the applicant understood the issues, purpose, or intent of the program. Overall, program may not meet applicant’s needs, and their participation may not achieve program goals. | Applicant answered the question, and their final response demonstrated a solid understanding of the issues, purpose, and intent of the program. Overall, program will meet applicant’s needs, and their participation will achieve program goals.  | Applicant answered the question thoroughly, and their final response was comprehensive, clear, and well-presented. Applicant demonstrated an above-average understanding of the issues, purpose, and intent of the program. Overall, program will meet applicant’s needs, and their participation will achieve program goals as well as enhance the learning experience for others. |
| **1 point** | **2 points** | **3 points** | **4 points** |

**Interview QUESTIONS (SCORED)**

 Does not meet Needs Meets Exceeds

 expectations improvement expectations expectations

1. **What do you hope to learn from Project** 1 2 3 4

**LEAP?**

 Does not meet Needs Meets Exceeds

 expectations improvement expectations expectations

1. **What experience do you have with the HIV** 1 2 3 4

 **community in Houston or in other areas?**

 Does not meet Needs Meets Exceeds

 expectations improvement expectations expectations

1. **Please describe your ideal learning** 1 2 3 4

**environment.** *(For example, are you more*

*visual, hands-on, prefer presentations,*

*individual work, group-work, etc.)*

 Does not meet Needs Meets Exceeds

 expectations improvement expectations expectations

1. **Please tell us how you would respond to the** 1 2 3 4

**following scenario:** *A Project LEAP student in*

*your class has been interrupting speakers,*

*facilitators, and other students. They also tend to*

*dominate discussion and often go off on unrelated topics.*

 Does not meet Needs Meets Exceeds

 expectations improvement expectations expectations

1. **How would a close friend describe you?** 1 2 3 4

**Reapplying STUDENTS from 2014 ONLY (NOT SCORED)**

 Does not meet Needs Meets Exceeds

 expectations improvement expectations expectations

1. **Why were you unable to complete LEAP** 1 2 3 4

 **last year and what has changed so you will**

 **be able to graduate in 2014?**

**Interview QUESTIONS (NOT SCORED)**

1. The purpose of Project LEAP is to train people to participate in planning HIV services for the Houston Area, in particular, by serving on a Planning Body such as the Ryan White Planning Council or the HIV Prevention Community Planning Group. *Are you interested in planning HIV services?* ⁪ Yes ⁪ No ⁪ Don’t know
2. We need to ask if you meet any of the Project LEAP student requirements. **You may decline to answer:**
	1. Are you HIV positive? ⁪ Yes ⁪ No ⁪ Prefer not to answer
		1. If NO, are you an individual *affected* by HIV? ⁪ Yes ⁪ No ⁪ Prefer not to answer
	2. Are you a Ryan White Program consumer? ⁪ Yes ⁪ No ⁪ Prefer not to answer
3. Do you work, volunteer, fundraise, or serve on the Board of any agency that receives Ryan White funding?

 ⁪ No ⁪ Yes, in what capacity? ⁪ Don’t know

1. Have you been in Project LEAP before? ⁪ No ⁪ Yes/did not graduate ⁪ Yes/graduated. Year: \*

 *\*If you graduated,* *were you appointed to the Ryan White Planning Council? ⁪ No ⁪ Yes ⁪ Don’t know*

1. Which class time do you prefer? ⁪ Wednesdays 10am-2pm ⁪ Wednesdays 5:30-9:30 pm ⁪ Either
2. Will you need transportation reimbursement (car, bus, cab) to/from Project LEAP? Project LEAP will take in the Office of Support building.

 ⁪ No ⁪ Yes. If YES, where will your starting point be? ⁪ Don’t know

 ⁪ Work ⁪ Home ⁪ Other:

1. Will you need childcare reimbursement to attend the class? ⁪ Yes ⁪ No ⁪ Don’t know
2. Do you wish to tell us the name of the person (and/or organization) that encouraged you to apply for Project LEAP? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you have any questions for us?

**INTERVIEWER RECOMMENDATION**

Do you recommend this applicant be accepted into Project LEAP Class of 2015?

⁪ Yes ⁪ No If NO, please provide justification below (at least one sentence):