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## PEER INSIGHTS REPORT

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This report is due 45 day after your Peer Review, Mentorship or Exploration visit. This report must accompany the reimbursement form in order for payment to be completed.

**When did your peer review occur? (MM/DD/YYYY)**

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**Who were the peer reviewers?**

**What is the outcome of the Peer Review?**

**What is timeline for completion of Peer Review Recommendations?**

**Do you anticipate becoming a Center of Excellence?**

*Yes*     *No*

## Executive Mentorship

Who was your Executive Mentor?

Your Executive Mentor is the Executive Director of the following ILC:

*Name:*

*Address:*

*Phone:*

*City, ST Zip:*

Please include the brief written report provided by the IL Executive Mentor:

What topics were covered during the Executive Mentorship?

What is the outcome of Executive Mentorship?

What do you plan to do differently as a result of the Executive Mentorship?

## Executive Exploration

When did your IL Executive Exploration occur?  
(MM/DD/YYYY)

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Who was the ILC Executive Director that provided peer consulting?

The ILC you visited:

*ILC Name:*

*Address:*

*Phone:*

*City, ST Zip:*

What topics were covered during your visit?

What is the outcome of Executive Exploration?

What do you plan to do differently as a result of the Executive Exploration?

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Signature

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Date

**Please mail or fax your report to:**

CFILC - Peer Insights Project • 1000 G Street #100 • Sacramento, CA 95814 • 916-325-1699 Fax