

Evaluation ref no:	Date of evaluation	
--------------------	--------------------	--

Invitees for Validation and Looking Forward Meeting with:  
 CBR team and Network of Strategic Partners, Disabled People, Community Stakeholders

Proposed date/time of meeting: \_\_\_\_\_ Proposed venue: \_\_\_\_\_

	Main contact and contact details	Names of individuals	Invited	Accepted	Notes re access needs etc
--	----------------------------------	----------------------	---------	----------	---------------------------

**Strategic Partners/close allies**

1					
2					
3					
4					
5					

**People with disabilities**

1					
2					
3					
4					
5					
6					
7					
8					
9					

**Parents/carers**

1					
2					
3					
4					

**Community Stakeholder groups**

1					
2					
3					
4					

**CBR programme core team members**

1					
2					
3					
4					
5					

**Local government officers and representative of other relevant service providers**

1					
2					
3					
4					
5					

<b>TOTAL Numbers</b>					
----------------------	--	--	--	--	--

**Notes re organising the meeting:**