Fecha: DD/MM/AA Localidad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lugar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombres y Apellidos: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Correo Electrónico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **IDENTIDAD DE GÉNERO** | | | | | | **SEXO** | | | | | **ORIENTACIÓN SEXUAL** | | | | | **DISCAPACIDAD** | | | | | | | | | | | | | | **GRUPO ÉTNICO** | | | | | | | | | **VICTIMA DEL CONFLICTO ARMADO** | | | | | |
| Femenino | Masculino | | Transgénero | | Hombre | | Mujer | | Intersexual | | Heterosexual | Homosexual | Bisexual | | Física | | Sordo - Ciego | | Visual | Auditiva | Cognitiva | | Psicosocial | Múltiple | Ninguna | | Ninguno | | Indígena | | Raizal | | Rom (Gitano) | Palenquero | | Afrodescendiente | | Si | | | | No | | |
| Con el fin de evaluar su precepción frente a las actividades que se desarrollan en territorio por parte de nuestros colaboradores en materia de gestión social y participación ciudadana, Por favor conteste de manera objetiva las siguientes preguntas. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ¿Conoce o identifica al Gestor o Gestora Social asignado a su localidad? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Si** | |  | | Nombre del Gestor o Gestora Social | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **No** | | | | | |  | |
| ¿Qué actividades desarrolla el Gestor o la Gestora Social en su localidad? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A través de que medios se ha podido comunicar con el Gestor o Gestora Social. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ¿Las solicitudes realizadas a la UAESP por medio del Gestor o Gestora Social han sido resueltas? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Si** | |  | | **No** | | | |  | | **¿Por qué?** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ¿El Gestor o Gestora social informa e invita con antelación sobre las actividades que se pretenden desarrollar en la localidad? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Si** | |  | | **No** | | | |  | | **¿Por qué?** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| El trato que maneja el Gestor o Gestora social con la comunidad es: | | | | | | | | | | | | | | | | | | | | | | **Bueno** | | |  | | | **Regular** | | | | | | |  | | | | | **Malo** | | | |  |
| Que tan satisfecho se encuentra con la gestión que realiza el Gestor o Gestora social de su zona. | | | | | | | | | | | | | | | | | | | | | | **Muy Satisfecho** | | |  | | | | | | | **Poco Satisfecho** | | | | | | | |  | | | | |
| ¿El Gestor o Gestora social domina el tema y responde a sus inquietudes? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Si** | |  | | **No** | | | |  | | **¿Por qué?** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ¿El Gestor o Gestora social maneja un lenguaje claro para explicar la información de su interés? | | | | | | | | | | | | | | | | | | | | | | **Si** | | | |  | | | | | | **No** | | | | | | | | |  | | | |
| Si el Gestor o Gestora social desconoce la información de su interés, busca la manera de resolverlo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Si** | |  | | **No** | | | |  | | **¿Por qué?** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. El Gestor o Gestora social es puntual y permanece durante el tiempo programado con la comunidad. | | | | | | | | | | | | | | | | | | | | | | **Si** | | | |  | | | | | | **No** | | | | | | | | |  | | | |
| **Observaciones: (**Si tiene alguna observación por favor relaciónelo a continuación) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |