2019 TRAVELING TOURS EVALUATION FORM
THURSDAY, MAY 23, 2019

TOUR D-2: MACOMB CO. HEALTH DEPARTMENT	Very Poor	Poor	Good	Very Good	Exc
BEFORE THIS TOUR, MY LEVEL OF KNOWLEDGE ABOUT THIS TOPIC WAS:					
AFTER TODAY'S SESSION, MY LEVEL OF KNOWLEDGE ABOUT THIS TOPIC WAS:					

Comments on this Traveling Tour site only (Use the back of the sheet if you need more room):

IS THIS YOUR ONLY OR LAST TOUR OF THE TWO DAYS OF THE TRAVELING TOURS? IF YES, ANSWER THE FOLLOWING QUESTIONS:

1. **What other Macomb County tour sites would you like to see offered at next year's Traveling Tours?**

2. **If you think your non-profit agency would be interested in being a future Traveling Tours site, who needs to be contacted within your agency to schedule that tour (name, title, and their contact information)?:**

3. **How did you hear about Traveling Tours? (Check all that apply.)**
   - ☐ Electronic brochure sent to my e-mail address
   - ☐ "Save the Date" poster displayed at my office
   - ☐ HSCB Focus newsletter
   - ☐ The event was announced at a staff meeting I attended
   - ☐ Other (Please specify):_____

OPTIONAL:

Your Name _____ Agency _____

Telephone _____ E-mail _____