2019 TRAVELING TOURS EVALUATION FORM THURSDAY, MAY 23, 2019

TOUR E-4: MYCARE HEALTH CENTER	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 she	et if yo	u need	more	room)	:				
IS THIS YOUR ONLY OR LAST TOUR OF THE TWO DAYS OF THE TRAVELING TOURS? IF YES, ANSWER THE FOLLOWING QUESTIONS:									
What other <u>Macomb County</u> tour sites would you like to see offere Tours?	d at ne	xt year	's Tra	veling					
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									