2018 TRAVELING TOURS EVALUATION FORM
WEDNESDAY, MAY 16, 2018

TOUR C-3: COMMUNITY FIRST 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 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 tour sites would you like to see offered at next year's Traveling Tours?**

2. **How did you hear about Traveling Tours?**
   - ☐ 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 _____

3. **Would your non-profit agency be interested in being a future Traveling Tours site?**

Name _____ **Agency** _____

Telephone _____ **E-mail** _____