

# 2018 TRAVELING TOURS EVALUATION FORM

## THURSDAY, MAY 17, 2018

<b>TOUR F-4: SENSORY SYSTEMS</b>	Very Poor	Poor	Good	Very Good	Exc
<b>BEFORE THIS TOUR, MY LEVEL OF KNOWLEDGE ABOUT THIS TOPIC WAS:</b>					
<b>AFTER TODAY'S SESSION, MY LEVEL OF KNOWLEDGE ABOUT THIS TOPIC WAS:</b>					
<p>Comments on this <u>Traveling Tour site only</u> (Use the back of the sheet if you need more room):</p>          					

<b>IS THIS YOUR ONLY OR LAST TOUR OF THE TWO DAYS OF THE TOURS?</b> <b>IF YES, ANSWER THE FOLLOWING QUESTIONS:</b>
<p>1. What other tour sites would you like to see offered at next year's Traveling Tours?</p>   <p>2. How did you hear about Traveling Tours?</p> <p><input type="checkbox"/> Electronic brochure sent to my e-mail address</p> <p><input type="checkbox"/> "Save the Date" poster displayed at my office</p> <p><input type="checkbox"/> HSCB Focus newsletter</p> <p><input type="checkbox"/> The event was announced at a staff meeting I attended</p> <p><input type="checkbox"/> Other _____</p> <p>3. Would your non-profit agency be interested in being a future Traveling Tours site?</p> <p>Name _____ Agency _____</p> <p>Telephone _____ E-mail _____</p>