

COMMUNITY HEALTH EDUCATION

Evaluation Package



Community Organization: _____

Coordinator: _____ **Location:** _____

Session Topic: _____ **Date:** _____

Type of Session:

- Face-to-face
- Videoconference
- DVD
- Telephone Conference/Teleworkshop
- Community Radio
- Other (Seniors Health Promotion, follow-up):

**** IMPORTANT ****

Immediately following your session, you are expected to e-mail communityhealtheducation@ymail.com:

- Completed Summary of Session Evaluations (No evaluation forms please)
- Completed Networking, Partnering and Follow-up Information sheet

Immediately send to Kelly Howarth, by mail (see Community Contact List for address):

- Original signed consent forms (videoconference only, and coordinators must also sign these)
- Session Attendance Sheet (videoconference only)

Thank you!

Summary of Session Evaluations

Tell us about who attended your session by providing details taken from your *Participant Session Evaluation Forms*...

Total Number: _____ # of Males: _____ # of Females: _____ Age Range: _____

of Students: _____ # of Community Members: _____ # of Health Care Providers: _____

of Others: _____ Please explain: _____

Attendance Sheet signed by ALL participants: Yes No # of Consent Forms Received: _____

***Important Note: Signed consent forms must be cross-referenced with the Attendance Sheet or else the DVD of the session cannot be released (in the case of videoconferencing) to community networks.**

Number of completed evaluations: _____

Please enter the total number of responses for each choice in the boxes from the Participant Session Evaluation

Form / Question 2:

The Presentation	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
...was helpful (answered my questions)					
...was interesting					
...met my expectations					
...resources/handouts were clear/useful					

Significant positive comments:

Significant negative comments:

Please give 2-3 memorable quotes from “What I learned today that I will remember?”

Future suggested topics of interest to your community?

Other comments:

Session Attendance Sheet

Please use this sign-in sheet for all of your community health education activities (face-to-face, videoconference, DVD, telephone conference, radio listening cluster, seniors health promotion modules) and any related follow-up activities.

Community: _____ Location: _____

Topic/Activity: _____ Date: _____

	NAME (Please print)	TELEPHONE/E-MAIL	CONSENT FORM
1.	<input type="checkbox"/>
2.	<input type="checkbox"/>
3.	<input type="checkbox"/>
4.	<input type="checkbox"/>
5.	<input type="checkbox"/>
6.	<input type="checkbox"/>
7.	<input type="checkbox"/>
8.	<input type="checkbox"/>
9.	<input type="checkbox"/>
10.	<input type="checkbox"/>
11.	<input type="checkbox"/>
12.	<input type="checkbox"/>
13.	<input type="checkbox"/>
14.	<input type="checkbox"/>
15.	<input type="checkbox"/>
16.	<input type="checkbox"/>
17.	<input type="checkbox"/>
18.	<input type="checkbox"/>
19.	<input type="checkbox"/>
20.	<input type="checkbox"/>
21.	<input type="checkbox"/>
22.	<input type="checkbox"/>
23.	<input type="checkbox"/>
24.	<input type="checkbox"/>
25.	<input type="checkbox"/>

Consent Form for Videoconferencing Session

Please indicate your consent for us to videotape the following videoconferencing session in which you are participating:

Date: _____ Organization: _____

Community: _____ Location: _____

Session Topic: _____

TITLE OF ACTIVITY: Videoconferencing Session

INVESTIGATORS: Jo Ann Jones, Health Education Coordinator, and Kelly Howarth, Evaluator/Education Consultant, at communityhealtheducation@ymail.com

PURPOSE: We are videotaping this session for the purpose of a) reviewing the session, and b) showing it to any participating CHSSN community organization (i.e., CAMI, CASA, COASTERS, etc.) or CHEP funders.

PROCEDURES: We videotape the session and this may involve viewing you as presenter, part of the audience, and especially if you ask a question.

RISKS AND BENEFITS: There are no known risks or discomforts associated with this project. There are also no direct benefits to you as a participant in this session.

RIGHT TO REFUSE OR WITHDRAW: You may refuse to participate or withdraw from the videoconferencing session at any time without penalty.

CONFIDENTIALITY AND PERMISSION TO BE RECORDED: Your identity will be protected to the extent allowed by law. You will not be personally identified in the written report for our project. Although we are videotaping this session, the tape will only be used for closer analysis or as part of our project. The only people who will be given access to the tapes are the Investigators listed at the top of this page, and the above-mentioned participating Quebec communities.

QUESTIONS: If you have any questions, please ask us. Contact Jo Ann Jones or Kelly Howarth by e-mail at communityhealtheducation@ymail.com

CLOSING STATEMENT: My signature below indicates that I have been informed about, understand, and am voluntarily consenting to participate in the videotaping of the session.

I, the undersigned, _____,

Beneficiary 14 years and over Father Mother

Other holder of parental authority/legal guardian (please specify): _____

of Minor (Please print name): _____

authorize the videotaping of me or of my child as part of the audience or as presenter in the aforementioned videoconferencing session.

Signature of presenter, participant or parent: _____

Date: _____

Session Evaluation Form

Thank you for attending this Community Health Education Program session. Please complete this form and return it to your Community Facilitator *immediately after the session*.

Session Topic: _____ Date: _____

Presenter: _____ Location: _____

I am: Male Female Age: _____

I am Student Health Care Provider Community Member Other: _____

I came to this session because:

1. I would recommend this session to others Yes No

2. Please √ the appropriate box:

The Presentation	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
...was helpful (answered my questions)					
...was interesting					
...met my expectations					
...resources/handouts were clear/useful					

3. What I liked the most:

4. What I did not like:

5. What I learned that I will remember:

6. My suggestions for future health topics/activities:

Other comments...

Thank you for taking the time to give your valuable feedback!