



Program Evaluation Form

Name: _____ (optional)

We would like to hear from you...

It's very important to us that you feel you benefited from your experience working with us. Please let us know how you feel about the program and any suggestions for ways to improve what we do.

Directions: Please indicate your opinion using 1 through 4 in responding to the following statement

1) Strongly Disagree 2) Disagree 3) Agree 4) Strongly Agree

- 1) The program was informative and well organized. _____
- 2) Support was readily available throughout the program. _____
- 3) I would recommend this program to a friend. _____
- 4) I learned things I didn't know before. _____
- 5) I have had overall positive changes in my health and well-being. _____
- 6) I would be interested in learning about other programs offered in the future. _____

Other comments and feedback:

Our business is largely based on client referrals. If you know of any one that you believe would benefit from this type of program we would appreciate the referral. This may include any individuals or business contacts. You may include their contact information or forward it at a later time.

May we use your "positive" comments in the future to promote our programs?
Please circle: Y N

It's been a pleasure working with you, thanks for taking the time to complete this evaluation.