

COMMUNITY HEALTH EDUCATION

Evaluation Package



Community Organization: _____

Coordinator: _____ Location: _____

Session Topic: _____ Date: _____

Type of Session:

- Face-to-face
- Video conference
- DVD
- Telephone Conference/Teleworkshop
- Community Radio
- Other (senior's health promotion, follow-up):

** IMPORTANT **

Immediately following your session, please e-mail communityhealtheducation@ymail.com, this cover page, along with:

- 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 – coordinators must also sign)
- Session Attendance Sheet (videoconference only – coordinators also sign)

Thank you!

Summary of Session Evaluations

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

Total number of... Participants: _____ Males: _____ Females: _____ Age Range: _____

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

Others: _____ Please explain: _____

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

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

Number of completed evaluations:

1. Number of participants stating their questions were adequately answered:
2. Number of participants who would recommend this session to others:
3. Significant positive comments:
4. Significant negative comments:
5. Two or three memorable quotes from “What I learned here today that I will remember”:
6. Future suggested health topics/activities:

Other comments:

Session Attendance Sheet

Please use this sign-in sheet for all of your community health education activities (face-to-face, video conference, DVD, telephone conference, radio listening cluster, senior's health promotion, etc.) 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/Community 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).

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. My questions were adequately answered. Yes No

2. I would recommend this session to others Yes No

3. What I liked the most:

4. What I did not like:

5. What I learned here today that I will remember:

6. My suggestions for future health topics/activities:

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