

Evaluation -- Best Practices 2016

Circle your response. Include any notes you think will be helpful to SEAGO or the presenter

The training met the objectives listed in the Training Outline.

Strongly agree Agree Disagree Strongly disagree Don't Know/No Opinion

This training was not for me. Someone else in my organization should have come.

Strongly agree Agree Disagree Strongly disagree Don't Know/No Opinion

If you agree, who should have come _____
Position or title

The presentation was clear and useful.

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Our organization has the capacity to implement strategies identified in this training.

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Our organization will need additional technical assistance to implement strategies from this training.

Strongly agree Agree Disagree Strongly disagree Don't Know/No Opinion

General feedback or suggestions:

Check all that apply and include contact name, title, and phone/email

- ☐ Our organization will be requesting further technical assistance on this topic
- ☐ Our organization is willing to be interviewed about the value of this training and our efforts in implementing strategies from this training.

Print clearly

Contact Name and Title: Vera Salazar, Risk Mgmt Assistant

Organization Name: Horizon ~~Health~~ Health & Wellness

Phone and or email: 520-836 1688

vera.salazare@hwaaz.org

CAG- 6/16/14

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Organization Name: _____

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WOULD OF BEEN NICE TO HAVE THIS BEFORE ANY
Evaluation – Best Practices 2016 TRANSIT APPLICATION.

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Position or title SHOULD ATTEND

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EXCELLENT SESSION FOR ANYONE IN TRANSPORTATION —
ACTUALLY GOOD FOR ALL INVOLVED IN GRANTS —

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Contact Name and Title:

CHRIS HAGEN MANAGEMENT ANALYST

Organization Name:

CITY OF SAN LUIS

Phone and or email:

CHAGEN@CITY OF SAN LUIS. ORG

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GREAT JOB !

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