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Organization Name: _	<u>Payson se</u>	nico Center			
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Organization Name:	LaPaz (bunty He	alth Dept.	(Transet)
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Contact Name and ⁻	Title: Dalen	na Dennis	on/Admin.	Assistant/Acct. Tech					
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thone and or email: 928-283.6201 assist dennison @ frontier.com									

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Strongly agree	Agree	Disagree	Strongly disagree	Don't Know/No Opinion
Our organization will	need additional t	echnical assistance	to implement strate	gies from this training.
Strongly agree	Agree	Disagree	Strongly disagree	Don't Know/No Opinion
General feedback or s	uggestions:	****		
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Check all that apply ar	nd include contac	t name, title, and	ohone/email	
☐ Our organization w			·	
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Print clearly		8-		
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Contact Name and Title				
Organization Name:				
Phone and or email: 9	28222- 4	180-220-3	310 RIERICK	SONE NACOG-ORG

	The training met the	-			
	Strongly agree	Agree	Disagree	Strongly disagree	Don't Know/No Opinion
	This training was not	for me. Some	one else in my o	organization should have o	come.
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	The material was clea	r and useful.			
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	☐ Our organization w	ill be requestin	g further techn	ical assistance on this topi	
		_		ut the value of this training	and our efforts in
	implementing strat	tegies from this	training.		
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	Contact Name and Titl	P. TEIRM	o Mari	ORGEN MORT	LITY MANACER
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Strongly agree	Agree	Disagree	Strongly disagree	Don't Know/No Opinion
This training was Strongly agree	not for me. Someo	one else in my org	ganization should have of Strongly disagree	come. Don't Know/No Opinion
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Strongly agree	Agree	Disagree	Strongly disagree	Don't Know/No Opinion
The material was	clear and useful.			
Strongly agree	Agree	Disagree	Strongly disagree	Don't Know/No Opinion
Our organization l	has the capacity to	implement strat	egies identified in this tr	raining.
Strongly agree	Agree	Disagree	Strongly disagree	Don't Know/No Opinion
Our organization	will need additiona	I technical assist	ance to implement strat	egies from this training.
Strongly agree	Agree	Disagree	Strongly disagree	_
General feedback	or suggestions:			
* *	ly and include cont on will be requestin		and phone/email al assistance on this topic	С
☐ Our organization	·	terviewed about	the value of this training	
Print clearly				
Contact Name and	Title:			
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Strongly agree	Agree	Disagree	Strongly disagree	Don't Know/No Opinion
This training was not Strongly agree	for me. Some	eone else in my orga Disagree	Strongly disagree	
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General feedback or Melanie is Of these	great. 8	Engaging s	poaker. Wish	I had some
	vill be request s willing to be	ing further technica interviewed about t	nd phone/email I assistance on this topic he value of this training	
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Contact Name and Tit	:le: Kate	Mordey	Mobility Pla	unner
Organization Name: _		1	7	
Phone and or email:			a7. god	