Evaluation

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.
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 has the capacity to implement strategies identified in this training.
Strongly agree Agree Disagree (Strongly disagree) Don't Know/No Opinion

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:

I am one person with one employee, a cook, managing a lunch (40 x day) and transportation program as a part-time job. These reporting demands will likely lead me to pursue other income options.

Check any box that applies. If you check a box, 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: Heather Dodge, Exec. Director

Organization Name: Senior Citizens of Patagonia

Phone and or email: 520-732-0698 - hsdodge713@gmail.com

SEAGO - True Cost 11.3.16

Evaluation

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

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

If you agree, who should have come _____
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General feedback or suggestions:

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Print clearly

Contact Name and Title: Ryan Gillespie Safety & Compliance Manager

Organization Name: United Community Health Center

Phone and or email: rgillespie@uchcaz.org

SEAGO - True Cost 11.3.16

Evaluation

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 finance C
Position or title

The presentation was clear and useful.
Strongly agree Agree Disagree Strongly disagree Don't Know/No Opinion

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Print clearly

Contact Name and Title: _____

Organization Name: _____

Phone and or email: _____

SEAGO – True Cost 11.3.16

Evaluation

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

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Position or title

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Print clearly

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Organization Name: _____

Phone and or email: _____

SEAGO - True Cost 11.3.16

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General feedback or suggestions:

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Print clearly

Contact Name and Title: _____

Organization Name: _____

Phone and or email: _____

SEAGO – True Cost 11.3.14

Evaluation

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

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General feedback or suggestions:

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☐ 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: Marco Lozoya / Senior Center Manager

Organization Name: Santa Cruz Council on Aging / Nogales Senior Center

Phone and or email: (520) 619-0938 MLozoya.SCCOA@gmail.com

SEAGO - True Cost 11.3.16

Evaluation

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.
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General feedback or suggestions:

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Print clearly

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Organization Name: _____

Phone and or email: _____

SEAGO - True Cost 11.3.16

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

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

General feedback or suggestions:
Appreciate / Called directions & signage to find the Tug Facility

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: Deborah A Godwin

Organization Name: VICaP

Phone and or email: 520 335 6212
c 520 226 1390
VICaPSV13@gmail.com

SEAGO - True Cost 11.3.16

Evaluation

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

General feedback or suggestions:

Awesome

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

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☑ 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: Candace Weingart.

Organization Name: Community Food Bank of So. AZ.

Phone and or email: (360) 941-0865 cweingart@communityfoodbank.com

☑ Jessica please include me Thanks,

SEAGO - Time Lost 11.3.16 in the Coordination Council.

Evaluation

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.
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General feedback or suggestions:

Not sure yet

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Print clearly

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SEAGO - True Cost 11.3.16

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Print clearly

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SEAGO - True Cost 11.3.16

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Print clearly

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SEAGO - True Cost 11.3.16

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SEAGO - True Cost 11.3.16

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Print clearly

Contact Name and Title: Kelly Norris Director of Library + Leisure Services / PIO

Organization Name: Town of Huachuca City

Phone and or email: knorris@huachucacityaz.gov

SEAGO - True Cost 11.3.16

Evaluation

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Organization Name: _____

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SEAGO - True Cost 11.3.16