**Schedule G Community Evaluation**

**The Healing Pathway**  **Congregational / Community Evaluation Form**

*Please submit electronically (if handwritten, please print)*

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| Workshop Name |  | | | | Date |  | | |
| Location (inc. mailing address) | |  | | | | | | |
| Coordinator |  | | | | | | | |
| Email address |  | | | | Phone# |  | | |  |  |
| Instructors |  | | | | | | | |
| Helpers |  | | | | | | | |
| Total Number of Participants | | |  | Number of people repeating | | | |  |
| Total Administration Fee ($30.00 per person except for those repeating) | | | | | | |  | |
| 1. Were you given adequate information for coordinating this workshop? What else would be helpful? | | | | | | | | |
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| 1. How would you describe the safety level for the participants? | | | | | | | | |
|  | | | | | | | | |
| 1. Would you recommend this instructor team for other workshops? Please give reasons/comments. | | | | | | | | |
|  | | | | | | | | |
| 1. What follow up would you consider or recommend for participants and/or your community? | | | | | | | | |
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| 1. What suggestions would you offer to The Healing Pathway? | | | | | | | | |
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| 1. Any other comments? | | | | | | | | |
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