**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?
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|       |
| 1. Would you recommend this instructor team for other workshops? Please give reasons/comments.
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| 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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