



Blue Cross and Blue Shield of Minnesota

Foundation

An independent licensee of the Blue Cross and Blue Shield Association

Participant evaluation

Please complete the form and turn it in to your facilitator. (To access this form in multiple languages, visit www.bcbsmnfoundation.org.)

Name (optional):

Organization hosting screening:

Screening date:

What is your overall reaction to the DVD, "Shared Values: Health and Community?"

Very useful Somewhat useful Not useful No opinion

How well did the program meet your expectations?

Exceeded expectations Met expectations Did not meet expectations No opinion

What is the major "take-away" or learning from the program?

How would you rate the discussion in your group?

Very productive/good ideas Somewhat productive/some ideas Not productive No opinion

Did your group develop next steps for promoting community building?

Yes No

How motivated do you feel to take part in next steps in community building?

Very motivated Somewhat motivated Not motivated at all No opinion

Why?

How would you rate your facilitator(s)?

Excellent Good Average Not good No opinion

Why?

How would you rate the location for your screening?

Excellent Good Average Not good No opinion

Why?



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Planner evaluation

Please complete the form and mail it back to the Blue Cross and Blue Shield of Minnesota Foundation in the attached envelope or by separate post to:

Blue Cross and Blue Shield of Minnesota Foundation
M459
P.O. Box 64560
St. Paul, MN 55164-0560

To access this form in other languages, visit www.bcbsmnfoundation.org.

Name:

Host organizations:

Date of screening:

Number of attendees:

Please comment on the composition of your audience (e.g., newcomers and receiving community, primarily newcomers or established residents)

How would you rate your event overall?

Very successful

Somewhat successful

Not successful

Why?

Did you offer participants the opportunity to evaluate the event?

Yes

No

If so, what was the feedback on the event by participants?

Primarily positive

Mixed

Primarily negative

Additional comments about the feedback:

How would you rate the discussion in your group?

Very productive/good ideas

Somewhat productive/some ideas

Not productive

No opinion

What were the primary discussion topics?

What are your primary action steps that came out of the screening?

What is your overall reaction to the DVD?

Very useful Somewhat useful Not useful No opinion

Why?

How useful was the DVD in fostering discussion about immigrant integration and healthy, inclusive communities?

Very useful Somewhat useful Not useful

How useful was the discussion guide?

Very useful Somewhat useful Not useful

If you would like to receive communications from the Blue Cross and Blue Shield of Minnesota Foundation in the future, please provide your name and mailing information or e-mail address:

Name:

Organization:

Address:

Address:

Phone: ()

E-mail: