

# YOUNG WOMEN'S HEALTH TEAM

## *Program Evaluation Form*

1. How would you rate this program?      excellent    good    average    fair    poor

2. How would you rate the program leader?    excellent    good    average    fair    poor

3. How has this session helped you? (please be specific) \_\_\_\_\_

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4. What parts of this session did you like best? \_\_\_\_\_

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5. What part of this session did you like least? \_\_\_\_\_

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6. How can we make this program better? \_\_\_\_\_

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