

**PROGRAM REVIEW**

Please complete within two days of the program and email to Mary H. and Christina.

Program Title:

Employee Name:

Date:

Attendance:

What were your goals for the program and were they reached?

Goal	4 Goal was exceeded.	3 Goal was met fully.	2 Goal was mostly fulfilled.	1 Goal was not met fully.	0 Goal was not met.

The program was successful overall

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

Should the program be repeated?    Yes    No

What worked well in this program? Include all relevant comments, both positive and negative. Add more space as needed.

What would make this program work better? Add more space as needed.