**Tribal Health Program**

**Tribal Cancer Plan Implementation Evaluation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Topic** | **Comments** | | | |
| **Objective from Northwest Tribal Twenty Year Comprehensive Cancer Control Plan** | |  | | |
| **Name of Event** |  | | | |
| **Theme** |  | | | |
| **Date(s)** |  | | | |
| **Time(s)** |  | | | |
| **Location** |  | | | |
| **Event Committee Members** |  | | | |
| **Speakers/Presenters** |  | | | |
| **Outreach Strategy (poster, newspaper, word of mouth, etc)** |  | | | |
| **Number of Participants** | # | | | |
| As Expected | More than Expected | | Less than Expected | |
| **Participation Representation**  **(other resources/programs)** | # departments  # vendors  # registered | | | |
| Did groups represent the groups that planners wanted to participate? |  | | | |
| **Objectives/Goals** | **Results** | | | **Follow Up** |
| 1. |  | | |  |
| 2. |  | | |  |
| **What Worked Well** |  | | | |
| **What Didn’t Work Well** |  | | | |
| **What Media Coverage did your event receive?**  (Tribal newspaper, newsletter, radio station, online, etc)  **Please attach copies** |  | | | |
| **Follow-up**  **(with clinic, other tribal programs)** |  | | | |
| **Thoughts** |  | | | |

**Summary of Participant Survey Comments**

**Describe one thing that you learned today?**

**What would you like to see next year?**