**Tribal Health Program**

**Tribal Cancer Plan Implementation Evaluation**

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| --- | --- |
| **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** | *
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**Summary of Participant Survey Comments**

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

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