

# Evaluation Form

Please help us to track how this resource has been used, support those who use it, and improve on future study-action guides by completing and returning this form to: Health Care Reform, Wisconsin Council of Churches, 750 Windsor Street, Suite 301, Sun Prairie WI 53590. Fax: (608)837-3038

**When did you hold the class?** (Sunday mornings, weekday evenings, weekends, etc.) **How many sessions?**

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**Who participated?** (Members of one church, several congregations of different denominations, etc.) **What was the average attendance?**

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**Which health care reform plans did your group study?**

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**What follow-up actions is your group or congregation interested in or planning on doing?**

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**Was this study guide informative and helpful to you and your group? Why, or why not?**

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**Additional Comments**

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**Your Contact Information:**

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number and E-mail \_\_\_\_\_

**Your Church or the Organization sponsoring this study:**

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number and E-mail \_\_\_\_\_

*Thank you for your input!*