

HCM Program Planning & Evaluation Form



Program Name:

Campus Name:

Peer Education Group Name (if applicable):

Date(s) of Program:

Chronic Disease Prevention Topic (e.g. asthma, cancer control, cardiovascular health, diabetes, tobacco prevention, nutrition and physical activity):

Learning Objectives:

Target Audience(s):

Program Description:

Promotion and Publicity:

Budget:

Collaboration / Partnerships:

Duration:

Location(s):

EVALUATION

How did the program go?

How did you evaluate the program and achievement of learning objectives?

Did the program meet the learning objectives? Why or why not?

Were there unexpected challenges or successes?

How did you address setbacks?

How many people attended?

What other considerations would you take into account for planning this event again? Were there any barriers that you faced? How would you overcome them in the future?

Contact Information: