Toolkit Evaluation

Company:			
Position Title:			
County: Directions: Please circle one choice for each statement.			
Strongly Disagree	Disagree	Agree	Strongly Agree
2. The toolkit was well org	anized and user frier	ndly.	
Strongly Disagree	Disagree	Agree	Strongly Agree
3. The toolkit equipped m wellness program.	y workplace with the	tools and information	needed to implement a
Strongly Disagree	Disagree	Agree	Strongly Agree
4. The lessons provided in	formation that was h	elpful to the employee	s.
Strongly Disagree	Disagree	Agree	Strongly Agree
5. The lesson plans are sin	nple and easy to follo	w.	
Strongly Disagree	Disagree	Agree	Strongly Agree
6. The activities were effe employees.	ctive in adding to the	knowledge and under	standing of the
Strongly Disagree	Disagree	Agree	Strongly Agree
7. My worksite has made	changes to promote	health and wellness for	employees.
Strongly Disagree	Disagree	Agree	Strongly Agree

Please answer the following questions as completely as possible.

What section/s of the toolkit have you used at your worksite?

How would you improve this toolkit?

What did you like best about this toolkit?

What changes have you implemented at your worksite as a result of this toolkit?

Other comments: