|  |  |  |
| --- | --- | --- |
| **JUVENILE JUSTICE COUNCIL**  **Evaluation Form** | | |
| **1. General Information** | | |
| Name: | Event Title: | |
| Agency: | Event Date(s): | |
| Today’s Date: | Event Time (Hours): | |
| **2. Evaluation** (The goal of Council funds is to pursue the priorities of the Council Action Plan) | | |
| Did you gain ideas for ways to improve the juvenile justice system as a result of this event? YES NO | | |
| Key points of what you learned: | | |
| What can you now offer to your agency / community / juveniles you work with? | | |
| Would you recommend this type of event to others? YES NO  Please Explain: | | |
| Signature | | Date |

Please submit completed evaluation to your District Council Office Specialist II