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| **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 [ ] NOPlease Explain:  |
| Signature | Date |

Please submit completed evaluation to your District Council Office Specialist II