IDAHO JUVENILE JUSTICE		JUVENILE JUSTICE COUNCIL Evaluation Form
Name:	Event Title:	
Agency:	Event Date(s):	
Today's Date:	Event Time (Hours	5):
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? Second YES Second		
Key points of what you learned:		
What can you now offer to your agency, community, and 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 or planningandcompliance@idjc.idaho.gov