



## JUVENILE JUSTICE COUNCIL Evaluation Form

Name:	Event Title:
Agency:	Event Date(s):
Today's Date:	Event Time (Hours):

### 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, and juveniles you work with?

Would you recommend this type of event to others? ☐ YES ☐ NO

Please Explain:

Signature

Date