

MENTAL HEALTH & AGRICULTURE

EVALUATION
FORM

HOW MANY PEOPLE ATTENDED THE EVENT? _____

AGE RANGE: _____

DESCRIBE THE AUDIENCE:

LOCATION ZIP CODE: _____

TYPE OF GROUP *(for example, faith based, farm organization, community group):*

WHAT WENT WELL?

WHAT CHANGES WOULD YOU RECOMMEND TO IMPROVE THE CHECKLIST OR PROGRAM?

PLEASE SUBMIT THIS
FORM TO UMASH
ONLINE OR VIA US MAIL

UMASH
Del Code 8807A
420 Delaware Street SE
Minneapolis, MN 55455

⇒ umash.umn.edu/mental-health-and-agriculture

