

# EVALUATION FOR HEALTH CAREERS DAY 2009

*Return to NEOAHEC by December 11, 2009*

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

What did you do on Health Careers Day?

Who ended up being your partners?

What would you do differently next year?

What would you need from us (NEOAHEC) which would have been helpful?

Were there comments from the participants or presenters that you would like to share? (These will be used in our annual report and for marketing purposes)

Please fill out the forms to the best of your ability and return to NEOAHEC:

**IN-KIND CONTRIBUTION REPORT**

<b>Budget Category</b>	<b>Allocation of \$1,000 Grant</b>	<b>Your matching funds</b>	<b>Estimate of your partners' matching funds</b>
Personnel (example: teacher substitutes)			
Travel			
Outside speakers			
Supplies			
Meals or snacks			
Advertising			
Other:			
<b>Total:</b>			

**REPORT OF PARTICIPANTS**

<b>Participants:</b>	<b>Caucasian</b>	<b>Alaskan Native</b>	<b>American Indian</b>	<b>Asian</b>	<b>Pacific Islander</b>	<b>Hispanic</b>	<b>African American</b>	<b>Disadvantaged</b>	<b>TOTALS</b>
Students									
Parents									
Teachers									

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Please include any news clippings, brochures, handouts, etc. that will show us what your event included. Thank you.