

**Event Report**

*Thank you for the coordination of this presentation. Your feedback is important in our effort to assess the impact of the Partnership programs in your community. Please take a moment to fill out this evaluation and mail this form to Office of Prevention and Wellness, Ohio Department of Mental Health and Addiction Services, 30 East Broad St., 8th floor, Columbus, OH 43215.*

Today's Date: \_\_\_\_\_ Presentation Location: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

Name of group presenting to: \_\_\_\_\_ (e.g. religious group, business, school, etc.)

Time of Presentation: \_\_\_\_\_ Length of Presentation: \_\_\_\_\_

Which presentation did you deliver today:  Parents360 Rx  Padres360

List of presenters:

_____ (Name)	_____ (Title)	_____ (Organization name)
_____ (Name)	_____ (Title)	_____ (Organization name)
_____ (Name)	_____ (Title)	_____ (Organization name)

- 5. Did the audio visual work? a. Yes b. No
- 6. How many people attended the presentation? \_\_\_\_\_
- 7. How many evaluations were distributed? \_\_\_\_\_
- 8. How many evaluations were collected? \_\_\_\_\_
- 9. How many information packets or tip sheets were distributed? \_\_\_\_\_

10. Comments and suggestions on today's presentations:  
*(For example, what needs improvement? What was successful?)*

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*Signature of Coordinator, Date*