



Wellness Council

MONROE COMMUNITY COLLEGE

Program Evaluation for Hydration Challenge

Evaluator's Name: _____

Evaluator's Email _____

Please check appropriate box.

Overall Program Evaluation	Strongly Agree ▼	Agree ▼	Neither ▼	Disagree ▼	Strongly Disagree ▼
1. The information presented was in a clear, concise and understandable format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I was satisfied overall with the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. This program has influenced me to take better care of myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. How did you hear about this program?

2. How did you feel or what changes did you notice after the 2-week Hydration Challenge?

3. What is one thing you learned or one thing you will do differently as a result of this program?

4. What other wellness programs would you like to see offered?

Additional Comments: