

ISAC Wellness Program Program Evaluation Form

County _____ Form completed by _____

Program Name _____ # of participants _____

Was your objective met? Explain.	
What went well?	
What needs to be addressed?	
Will you do this program again?	
Would you recommend this program to other counties?	
Additional Comments	

**Return to: Jenna Kunstle at 501 SW 7th Street, Suite Q
Des Moines, IA 50309
Fax: 515-244-6397 or email: jkunstle@iowacounties.org**

**TO BE RETURNED WITH THE WELLNESS CLAIM FORM
(Payment will not be issued until ISAC receives completed form)**