

**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: ISAC Wellness Program at 5500 Westown Pkwy #190  
West Des Moines, IA 50266  
Fax: 515-244-6397 or email: [wellness@iowacounties.org](mailto:wellness@iowacounties.org)**

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