EVALUATION FORM

Bite Size Wellness Module

*required completion

*Check appropriate module: Better Team Health Through Difficult Conversations Cultivating Positivity Strategic Micro-Recovery Stress, It's Your Superpower The Lost Art of Sleep The Power of the Pause
*Facility:(please print legibly)
(please print legibly)
*First Name: *Last Name:
*Program Rating: Excellent Very Good Average Fair Poor
*What is the likelihood that you will implement any strategies presented in this recording? Uery High High Moderate Low Very Low
Comments: (optional)

<u>Send completed evaluation forms to:</u>
Jenny Sula, Optima Healthcare
<u>jsula@optimahealthcare.com</u>