



Somali Bantu Community Orientation Evaluation

Name of Agency: _____

Case Number: _____

Name of Facilitator: _____

Case Size: _____

Names of Case Members Involved in Orientation: _____

Dates of Orientation: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. CLASSROOM SESSIONS

What did you like about the classroom sessions? Was there information that you did not understand, or found unnecessary? What classroom sessions would you like to add to community orientation?

2. COMMUNITY TRIPS

What community trips did you like? What community trips did you not like, or found unnecessary? What community trips would you like to add to community orientation?

3. FACILITATION

What did you like about the facilitator? What would you like the facilitator to improve upon? Were you able to understand the facilitator/interpretation?

4. FOLLOW UP

What follow-up orientation sessions would you like to have? What follow-up information and services do you most need?