



2016 City Wellness Evaluation Form

www.cityofracine.org/health/wellness

This form should be attached to the City Wellness Incentive Form for submission.

_____ Print Your Name	_____ Print Your Spouse's Name (if applicable)
---------------------------------	--

_____ Employee #

Check Your Status:			
<input type="checkbox"/> Employee	<input type="checkbox"/> Retiree		
<input type="checkbox"/> Employee Spouse	<input type="checkbox"/> Retiree Spouse		

_____ Educational Session / Podcast / Activity Title

_____ Date Completed / Viewed

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The title of this educational session/podcast accurately represented its content.					
2. The educational session/podcast met my expectations.					
3. The content of the educational session /podcast is relevant to wellness.					
4. The instructor's knowledge of the subject matter was appropriate to the topic.					
5. A group presentation is a good method for me to learn.					
6. An individual podcast is a good method for me to learn.					
7. I will alter my lifestyle based on the information I learned through this opportunity.					
8. I am satisfied with this presentation/podcast/activity.					

Comments:

Submit this completed form with the City Wellness Incentive Form, **NO LATER THAN 12/14/2016**, to City Hall, Human Resources, Room 204, 730 Washington Avenue, Racine, WI 53403.