



## **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?