



DATE:

SOIL SAMPLE NUMBERS:

soilSHOP (Internal) Evaluation Form

For use by soilSHOP staff only.

Instructions: This form should be completed by soilSHOP Health Educators and other staff after each engagement with soilSHOP participants and passersby. Completing this form can help event planners keep track of how many individual interactions and health education/outreach consultations were completed during your soilSHOP event. Information on this form can also help planners evaluate the planning and implementation process of this event. No personally identifiable information should be collected nor recorded on this form.

How many people did you speak with or consult this session?

How did they hear about the event?

Flyer Word of Mouth Internet Email Meeting
Other (Specify):

What topics did you share information about or discuss with them? (Please check all that apply)

Gardening Children's Health General Health Soil Testing Soil Quality
Other (Specify):

Did they bring soil samples to the event?

Yes No Other Answer (Describe):

How much time did you spend with them?

0-5 min 6-10 min 11-15 min 15-20 min >20 min

Referrals made (blood lead testing clinics, further lab testing, composting, drinking water, other?) (Please check all that apply):

Blood Lead Testing Soil Testing Composting Drinking Water Soil Quality
Other (Specify):

Did participant indicate that he/she:

Learned something new today about preventing lead exposure?	Yes	No	N/A
Will use the advice learned today?	Yes	No	N/A
Will seek out one or more of the referrals made?	Yes	No	N/A



U.S. Department of Health and Human Services
Agency for Toxic Substances and Disease Registry