**soilSHOP (Internal) EVALUATION TOOL**

\*For use by soilSHOP staff only. Not for public dissemination.\*

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 event? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[flyer] [word of mouth] [internet] [email] [meeting]

[Other] (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What topics did you share information about or discuss with them? (please circle all that apply)**

[gardening] [children’s health] [general health] [soil testing] [soil quality]

[Other] (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did they bring soil samples to the event? (please circle)**

[yes] [no] [Other answer] (describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How much time did you spend with them (please circle):**

[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?)**

[blood lead testing] [soil testing] [composting] [drinking water] [soil quality]

[Other] (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did participant indicate that he/she: (please circle)**

* + 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]