

Results form: Basic Evaluation Conversations for Change



Your name: _____

Organisation _____

Contact email/phone _____

Conversations for Change was facilitated with _____ (number) participants

on dates _____ at _____ (location)

Number of Survey A completed: _____ Number of Survey B completed: _____

Please describe the group you facilitated the resource with. e.g. Year 11 Health students.

Any comments/ feedback you would like to give as a facilitator?

Please email this form to rethink@mindandbody.co.nz

Thank you! Your feedback helps us improve our work and understand its impact.