



Wellness Program evaluation

This worksheet can be used to evaluate your full Wellness Program (and all of the sub-activities) or it can be customized to follow each activity you offer over the course of the year.

Please indicate the group[s] you belong to:

- School employee
- Wellness Committee member
- Leadership member

How many wellness program activities did you participate in between _____ [date] to _____ [date]?

- 0
- 1-2
- 2-4
- 4+

Please select the wellness activities you enjoyed the most. Check all that apply.

____ Activity 1:

____ Activity 2:

____ Activity 3:

____ Activity 4:

____ Activity 5:

How did you hear about events?

Please indicate your agreement with the following statements:

The wellness activity:	Agree	Neutral	Disagree
Increased my knowledge about the topic			
Increased my confidence to change my behaviour			
Led to a change in my personal health behaviour			
Created a new opportunity to connect socially with colleagues in my school/jurisdiction			



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What form of communication do you feel works best:

_____ Email

_____ Social media, event or committee page

_____ Posters

_____ Staff announcements

_____ Word of mouth

_____ Other: _____

List two ways your Wellness Committee could improve the program or activities:

What would you like to see in future Wellness Committee activities?



Would you like a committee member to contact you? Yes _____ No _____

If Yes, please provide one of the following:

Phone: _____

Email: _____

