



Workplace Wellness Champion Certification

Evaluation

This evaluation is designed for you to provide feedback and evaluate our time together today. Please answer these questions and provide any additional information that will help make this program better! Thank you in advance.

1. Are you walking away with more information and insight than when you arrived? YES NO

2. Did the presenter introduce the topic in a way that made you feel comfortable enough to ask questions, share and participate? YES NO

3. What is one 'nugget' from today's training that you are taking away? _____

4. Please rank the following item - *Please rank your experience: 1 = not satisfied; 5 = very satisfied*

Schedule of day:	1	2	3	4	5
Module 1 – break – Module 2 – lunch – Module 3 – break – Module 4					
Module 1 – Defining Wellness and Setting Objectives	1	2	3	4	5
• Education on the industry, why wellness/why now?	1	2	3	4	5
• Team exercise in defining a healthy workplace, creating vision and mission statements, and establishing objectives	1	2	3	4	5
Module 2 – Creating a Healthy Culture [senior, middle, wellness champion support]	1	2	3	4	5
• Roll with the Punches team activity (learning how to communicate positively about wellness)	1	2	3	4	5
Module 3 – Successful Wellness Planning and Creating Depth	1	2	3	4	5
• Team exercise listing all programs available	1	2	3	4	5
• Team exercise in creating the PLAN	1	2	3	4	5
Module 4 – Evaluation and Measuring Outcomes	1	2	3	4	5
• Tying it all together with a Wellness Strategic Plan	1	2	3	4	5

5. Please provide any additional feedback. Thank You!
