

SWEET Event Reporting Form

Date _____

Leader _____ County/Counties _____

Phone _____ E-mail _____

Event _____ Location _____

Date(s) Held _____ Length of presentation/demonstration _____

Team Members involved in event _____, _____,
_____, _____, _____

Primary Audience _____

Number of participants (number in audience) _____

Were pre and post tests given? Yes No If yes, please provide summary of results.

How did the program go? (*participant responses, what worked well, is there a need for additional support from SWEET Project coordinators*)

Other comments:

Team Leader: Please fax this form or e-mail the information to Jeanne Russell within two weeks of your SWEET event at 614-262-2064 or Jeanne.Russell@dnr.state.oh.us.

Please include copies of promotional materials, handouts, media coverage, etc. with your report.