Environmental Health Primer Evaluation Form

Please complete the following form regarding *The Local Board of Health Environmental Health Primer*. Board members may complete this form individually, or as a group. Please photocopy the form as needed. If you have additional comments, please include them on an attached page.

Name of individual* or group completing this evaluation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____

*If an individual, what is your public health position? _____
(Board member; Board chairperson; Environmental Health Director; Health Director, etc.)

1. Overall, does the content of the *Primer* address your board's environmental health education needs? YES NO
   a. If no, what changes or additions do you recommend? _____

   _____

2. Is the material at an appropriate reading level for your board? YES NO
   a. If no, please indicate which chapter(s) are not appropriate and whether they are too advanced or too elementary. _____

   _____

3. Does the *Primer*'s appearance and layout (e.g., typeface, font size, use of illustrations) present information effectively? YES NO
   a. If no, what changes do you recommend? _____

   _____

4. Are there any other environmental health materials that would be helpful in connection with this *Primer*? YES NO _____

   _____

   _____

5. Would you recommend the *Primer* to other boards of health that are interested in an introduction to environmental health issues? YES NO
   a. Why or why not? _____

   _____

6. How does your board plan to use this *Primer*? _____

   _____

   _____

(Over →)

7. **Please rate how well each chapter completes each of the *Primer*'s goals using the following scale (e.g., there should be a response in each grid space):**

1	2	3	4	5
Strongly disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**

Primer goals:	**This chapter clearly presents the topic's major public health issue(s)**	**This chapter clearly identifies the role of the board of health regarding the topic**	**This chapter offers advice and strategies for boards of health facing this issue**	**This chapter provided me with new information and/or insight into this issue**
Example	4	5	3	4
Air Quality				
Drinking Water				
Food Safety				
Hazardous Wastes				
Solid Wastes				
Vector Control				
Wastewater				
Injury Prevention, Housing, Occupational Health, Recreational Water and Radiation Programs				
Risk Assessment, Management and Communication				
Investigative Tools				
Management Tools				

Thank you for completing this evaluation form. If you have additional comments about individual chapters, please attach your comments on a separate page.

Please return this form and any comments to the NALBOH office at 1840 East Gypsy Lane Road, Bowling Green, OH 43402 or fax to 419-352-6278.