**Program Evaluation Form**

***Western Illinois University***

*Thank you so much for your attendance and participation. Please complete this evaluation; your input is extremely important to us and the work that we do.*

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: F.Y.I: First-Year Insured**

Please rank and circle the following statements 1 to 5, 1 being strongly disagree, 2 being disagree, 3 being neutral, 4 being agree, and 5 being strongly agree.

 **Strongly disagree             Neutral       Strongly agree**

1. The program was informative. 1 2 3 4 5
2. The program was easy to understand and participate in. 1 2 3 4 5
3. The program was educational. 1 2 3 4 5
4. The program was entertaining. 1 2 3 4 5
5. The presenter was knowledgeable about the topic. 1 2 3 4 5
6. I learned something new from this program. 1 2 3 4 5
7. I would recommend this program to my friends.                 1              2              3 4             5
8. I will change my behavior based on this program. 1 2 3 4 5

Name the behavior: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Post Test:**

1. What can be included in a health insurance?
	1. Vision b. Dental
	2. Rehab services d. All the above
2. A written order from your Primary Care Doctor to see a specialist is called what?
	* 1. Referral b. Pre-Authorization
		2. Essential Health Benefit d. A doctors note

11.   The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay is called a deductible.

a. True b. False

1. What does PPO stand for?
	* 1. Private Public Option c. Preferred Provider Organization
		2. Preferred Partner Option d. Public Primary Organization

1. What did you enjoy most about this program?

1. What could improve this program?