

## Coalition Training Evaluation

Please circle which Coalition you are a member of:

Adult  
(Bishop)

Youth (Lone Pine)

Youth

1. Please rate your knowledge of tobacco control measures and community outreach

1    2    3    4    5    6    7    8    9    10

2. Please rate the educational presentations/trainings you've been provided

1    2    3    4    5    6    7    8    9    10

3. What additional trainings, or educational measures would you like the coalition to host?

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