



**Fall Prevention Coalition-Los Angeles**  
**Fall Prevention Awareness Week**  
**Self Evaluation Form**

**Name:** \_\_\_\_\_  
**Organization:** \_\_\_\_\_  
**Event/Date:** \_\_\_\_\_

**INSTRUCTIONS:** Below are questions that are intended to highlight any lessons learned from your event that could be used to improve future events.

**1. Did you reach the goals you set out to accomplish through this event?**

Disagree       Somewhat Agree       Agree       Strongly Agree

**If agree, what strategies did you use that you felt were successful?**

**If disagree, what adjustments could be made to help you reach your goals next year?**

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**2. Were you pleased with the number of attendees at your event?**

Disagree       Somewhat Agree       Agree       Strongly Agree

**If disagree, what are some ways you could generate higher attendance at your event?**

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**3. Were you pleased with the diversity of attendees at your event (e.g., ethnic backgrounds, geographic location, caregivers in addition to older adults)?**

Disagree       Somewhat Agree       Agree       Strongly Agree

**If disagree, what are some ways you could attract more diverse groups to your event?**

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**PLEASE TURN OVER →**



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**4. Did you gain the involvement and support of important professionals/organizations?**

- Disagree       Somewhat Agree       Agree       Strongly Agree

**If disagree, what are some ways to increase involvement/support next year?**

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**5. Were there any unanticipated events before, during, or after your event that benefited or hindered your efforts?**

- Yes       No

**If yes, please describe the event's impact at the time and subsequently:**

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**6. What were the key lessons learned from your experience hosting your event?**

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**7. How will you use what you learned from this experience in future events?**

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