

Awareness Month 2008 Evaluation and Tracking Form

Name of main contact: _____

SHC: _____ Position: _____

1. Did you give a presentation using the PowerPoint and video provided? YES NO
If yes, please see the additional tracking form or fill it out online.

2. Were any meetings/visits to SHC held with legislators or decision-makers during the month?

YES NO If yes, who? _____

What was their commitment of support? _____

3. Did you participate in Advocacy Day? YES NO

4. Did you bring anyone else from your SHC? YES NO If yes, how many? _____ Students
_____ Staff

5. Did you contact your state legislator asking for their support to expand SHC funding?

Sent letter? YES NO Generated phone calls? YES NO If yes, how many calls? _____

6. Was any media printed in the school or local papers? YES NO

If yes, what type & name of media outlet? _____ (I.e.: letter to editor, etc.) Date _____

7. Were clips sent to ICSHC? YES NO If no, when will you send? _____

**ICSHC would like to have original clips of everything printed if possible. Even if same letter printed in two different papers.*

8. Was any media done by: TV ___ Radio ___ Other ___ Name of Outlet and Date: _____

9. What other events were done to publicize Awareness Month? (in school/community/sponsoring org.)

10. Did you find the Awareness Month Toolkit helpful? YES NO

11. What was most helpful? _____

12. What could be improved for next year's Awareness Month?

13. How can ICSHC improve support to SHCs in future awareness campaigns? _____
