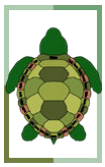

Bii-Zin-Da-De-Dah
(Listening to One Another)

Session Evaluation Form

Date: _____ Session Topic: _____ Session#: _____

Start Time: _____ (am/pm) End Time: _____ (am/pm)

Number of Families Present: _____ (Youth: _____ Adults: _____)

Name of Elder Present: _____

Were there any activities that you were not able to complete in the time frame?

_____
_____
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General Thoughts, Notes, Reminders, Comments, and Concerns:

_____
_____
_____
_____
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_____