



**Service Provider Foot Care Event**  
**Evaluation**

Organization's name: \_\_\_\_\_ Date of event: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event time length: \_\_\_\_\_

Please rate the overall quality of the clinic:

- a. Very successful
- b. Somewhat successful
- a. Not successful at all

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list where applicable:

Any successes during today's clinic: \_\_\_\_\_

Any setbacks during today's clinic: \_\_\_\_\_

The things that worked well today: \_\_\_\_\_

The things that need improving: \_\_\_\_\_

Please rate the length of the event:

- a. Just right
- b. Too long
- c. Too short

Please rate the meal in respect to nutritional value:

- a. Very nutritious
- b. Somewhat nutritious
- c. Very little nutrition
- d. Not nutritious at all



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Ontario



**SOADI HEAD OFFICE**  
**8 CLAIRMONT ST, UNIT 2, THOROLD, ONTARIO · L2V 1R1**  
**TEL: 905 938 2915, OR 1 888 514 1370 · FAX: 1 866 352 0485**  
**WEB: www.soadi.ca**



Please rate the Foot Care Event Host:

- a. Very helpful
- b. Fairly helpful
- c. Not at all helpful

Notes:

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Please rate the SOADI Team:

- a. Very helpful
- b. Fairly helpful
- c. Not at all helpful

Notes:

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Any other comments from you and or your community members: \_\_\_\_\_

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**Thank you for taking the time to fill out our Host Clinic Evaluation. Please send the completed copy to SOADI via fax, mail or email.**

**We look forward to your feedback.**

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