

NOMADS WORK PROJECT EVALUATION

AGENCY NAME _____

City _____ **State** _____

Project Period: _____ **Dates** _____

1. Was this a worthwhile NOMADS project? Yes ___ No ___
2. Was the agency prepared for your team? Yes ___ No ___
3. Did your team face special challenges in this project? Yes ___ No ___
Comments:
4. In your opinion, does this project need NOMADS next year? Yes ___ No ___
Specific Comments:
5. Our team leaders were: _____ As leaders, did they:
 - a. Send you project information well in advance? Yes ___ No ___
 - b. Coordinate ahead of time with Agency for up to date information? Yes ___ No ___
 - c. Work effectively as liaison between the agency and the team? Yes ___ No ___
 - d. Work to match NOMADS skills with the work to be done Yes ___ No ___
 - e. Build a cohesive team? Yes ___ No ___
 - f. Emphasize safety and liability concerns? Yes ___ No ___Comments:
6. Would you work with your Leaders again on a future project? Yes ___ No ___
7. Please share any additional comments about this project or suggestions you may have to improve the NOMADS program.

YOUR NAME: _____

Your E-mail _____

Is this is a new email address? YES _____ NO _____

**Following the NOMADS work project please complete this form and return to:
NOMADS Administrator, P.O. Box 3508, Shawnee, KS 66203
(Revised Jan 08)**