

# Special Tribal Consultation Evaluation

\* Required

1. Email address \*

---

2. Please tell us about yourself - check all that apply

*Check all that apply.*

- Tribal Leader
- Tribal Designee
- Indian Health Service
- Urban Indian Health Facility
- Community Member

Other:  \_\_\_\_\_

3. The AHCCCS Tribal Consultation was effective in allowing me to share my thoughts, input and perspectives.

*Mark only one oval.*

1      2      3      4      5

---

Strongly Agree      Strongly Disagree

---

- 4. The topics included in this AHCCCS Tribal Consultation were appropriate and informative.

Mark only one oval.

1      2      3      4      5

---

Strongly Agree                  Strongly Disagree

---

- 5. The appropriate AHCCCS staff attended this Tribal Consultation.

Mark only one oval.

1      2      3      4      5

---

Strongly Agree                  Strongly Disagree

---

- 6. The appropriate Tribal Leadership and Stakeholders attended this Tribal Consultation.

Mark only one oval.

1      2      3      4      5

---

Strongly Agree                  Strongly Disagree

---

- 7. How did you feel about the length of the AHCCCS Tribal Consultation Meeting?

Mark only one oval.

- Too long
- Just about right
- Too short

8. What did you like most about this Tribal Consultation Meeting?

---

9. What did you like least about this Tribal Consultation Meeting?

---

10. What suggestions do you have for improving the structure of future AHCCCS Tribal Consultation Meetings?

---

---

---

---

---

11. Would your tribe and/or organization/agency be interested in hosting a future AHCCCS Quarterly Tribal Consultation meetings and/or AHCCCS Public Forum?

*Check all that apply.*

- Tribal Consultation
- AHCCCS Public Forum
- If you clicked yes to either of above, email [Amanda.Bahe@azahcccs.gov](mailto:Amanda.Bahe@azahcccs.gov) with contact info

12. If you attended virtually, how good was the audio quality?

*Mark only one oval.*

1      2      3

---

Not good            Excellent

---

13. If you attended virtually, how good was the video quality?

*Mark only one oval.*

	1	2	3	
Not good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

14. Please add any additional comments or recommendations you may have:

---

---

---

---

---

---

This content is neither created nor endorsed by Google.

Google Forms