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

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

*Mark only one oval.*

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5. The appropriate AHCCCS staff attended this Tribal Consultation.

*Mark only one oval.*

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

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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 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  ☐  ☐  ☐  Excellent

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

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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