

**Eastern Neighborhoods Community Health Impact Assessment  
Policy Evaluation Summary/Report Back Worksheet**

**Policy Name:**

**Facilitator/Reporter:**

**Timekeeper:**

**Notetaker:**

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**Strengths – e.g. state which criteria were best met and why**

**Weaknesses – e.g. state which criteria were least met and why**

**Amendments to Policy – e.g. how would you amend the policy to meet the criteria better?**

**Additional Info. Needed – e.g. what info. could help you better evaluate this policy?**