

**Eastern Neighborhoods Community Health Impact Assessment
Policy Evaluation Summary Worksheet**

Policy Name:

Facilitator/Reporter:

Timekeeper:

Notetaker:

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?