

**EVENT INFORMATION**

<b>Name of Event</b>	
<b>City Where Event Held</b>	
<b>Date of Event</b>	
<b>Event Description (national conference session, organizational board meeting, staff training, etc).</b>	
<b>Number of participants</b>	

**FACILITATOR INFORMATION**

<b>Name</b>	
<b>Title</b>	
<b>Organization</b>	
<b>E-mail address</b>	
<b>Phone number</b>	

**Following each Stakeholder Discussion Session, please send this completed (typed) Facilitator Feedback Form to the following address:**

**National Prevention Strategy  
Attn: Haddi Cham  
4350 East-West Highway, Suite 800  
Bethesda, MD 20814-4499**

**In your opinion as Facilitator, what are the primary points that emerged during this Discussion Session related to the following questions?**

*[Please type your answers to the questions below. Thank you.]*

- 1. What are your suggestions on the Draft Vision, Goals, Strategic Directions, or Recommendations?**
  - 2. What evidence-based actions should the federal government take to address the Draft Recommendations?**
  - 3. What evidence-based actions should partners (national, state, Tribal, local, and Territorial governments, non-profit, and private) take to address the Draft Recommendations?**
  - 4. What measures should be used to monitor progress on implementation of the National Prevention Strategy's Vision, Goals, and Recommendations?**
  - 5. Do you have any additional comments or suggestions on the National Prevention Strategy?**
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**In your opinion as Facilitator, are there any additional insights you learned from this Discussion Session that would be especially valuable for the National Prevention Council to know as they develop the final National Prevention Strategy?**