AgeOptions: Health Promotion Team

1048 Lake Street #300

Oak Park, IL 60301

Insert Date

**Dear** Insert Name

We enjoyed having you in our Take Charge of Your Diabetes Plus program at Location which began DATES OF CLASS STARTED. We recently corresponded with Dr. LAST NAME sharing insights into what you gained from the program. We are interested in hearing how you are applying the information that you learned since completing the workshop sessions. Your experiences are crucial for us to assess the effectiveness of the program.

To aid us in the evaluation process, we kindly request that you complete the enclosed survey and return it using the provided pre-paid envelope. Once we review your survey feedback, we will follow up regarding any necessary additional recommendations or resources.

Thank you for your cooperation. If you have any questions, please don’t hesitate to contact us.

Thank you for participating in Take Charge of Your Diabetes Plus!

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Jaime Peña Date

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