**Evaluation of Session**

Date:

1. What did you find to be most useful in this session?

1. What did you find to be lease useful?
2. Was there anything you felt was missing from this session—anything you would have liked to know more about?
3. In what other ways could we improve this session?
4. Please rate the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Poor Average Excellent | | | | |
| Effectiveness of facilitator | 1 | 2 | 3 | 4 | 5 |
| Session room | 1 | 2 | 3 | 4 | 5 |
| Session content | 1 | 2 | 3 | 4 | 5 |
| Session activities | 1 | 2 | 3 | 4 | 5 |
| Session materials | 1 | 2 | 3 | 4 | 5 |
| Overall session | 1 | 2 | 3 | 4 | 5 |

1. List other topics or concerns you would like to have addressed at future trainings.

1. Do you have additional comments?