 **Session** Evaluation

**Please fill out this form and turn it in to the speaker.**

**Session Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Presenter:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you enjoy the session? **Yes**  **It was OK** **No**

How was the quality of the session? (5= great) 5 4 3 2 1

How was the expertise of the speaker? (5= great) 5 4 3 2 1

What drew you to this specific session?

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Did you learn what you expected to learn?

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What could the speaker do differently to improve?

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How will you use the information you learned here?

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Please continue comments on the back

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 **Session** Evaluation

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