

Session Feedback Form

Age: _____

Gender: _____

Grade: _____

What did you think about the following? (Please circle):

Information:	Very Poor	Poor	Average	Good	Very Good
Presenters:	Very Poor	Poor	Average	Good	Very Good
Overall Workshop:	Very Poor	Poor	Average	Good	Very Good

What were the most important things you learned today?

What would you add or change about the workshop and why?

Comments or Questions:

If this is your last workshop, we can email you an answer: E-mail: _____

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