Session Feedback Form	Age: Gender:			Grade:	
What did you think about	the following?	(Please circ	cle):		
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 impo	rtant things yo	ou 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 a	an answer: E	-mail:		
Session Feedback Form	Age:		Gender:		Grade:
Session Feedback Form  What did you think about to					Grade:
		(Please circ		Good	Grade:
What did you think about	the following?	(Please circ	cle):		
What did you think about the Information:	the following? Very Poor	(Please circ	cle): Average	Good	Very Good
What did you think about to Information: Presenters:	the following? Very Poor Very Poor Very Poor	(Please circ Poor Poor Poor	cle): Average Average Average	Good Good	Very Good Very Good
What did you think about to Information: Presenters: Overall Workshop:	the following? Very Poor Very Poor Very Poor rtant things yo	(Please circ Poor Poor Poor	Average Average Average Average today?	Good Good	Very Good Very Good
What did you think about to Information: Presenters: Overall Workshop: What were the most impo	the following? Very Poor Very Poor Very Poor rtant things yo	(Please circ Poor Poor Poor	Average Average Average Average today?	Good Good	Very Good Very Good

