

Your Feedback Helps Us Improve – Please Complete

1. How relevant was the session content to your needs and interests?

Not at all Relevant / Slightly Relevant / Relevant / Very Relevant / Extremely Relevant

2. How clear and easy to understand was the information presented?

Very Unclear / Unclear / Neutral / Clear / Very Clear

3. How engaging and interactive were the activities during the session?

Not at all Engaging / Slightly Engaging / Engaging / Very Engaging / Extremely Engaging

4. How effective was the facilitator in explaining the concepts and answering questions?

Very Ineffective / Ineffective / Neutral / Effective / Very Effective

5. Overall, how satisfied were you with this session?

Very Dissatisfied / Dissatisfied / Neutral / Satisfied / Very Satisfied

6. What did you find most useful about the session?

7. What could be improved in future sessions?

8. Any other comments or suggestions?