

PROGRAM TITLE _____

DATE _____ TIME _____ LOCATION _____

PRESENTER(S) _____

YOUR NAME (OPTIONAL) _____

What are some things that you enjoyed about the workshop?

What is something that you learned from this training that you will apply in your clinical practice?

How effective was the facilitator in presenting the workshop information?

What would have improved the quality of the training you received in this workshop?

What topics would you suggest for future trainings at SWFGC?