**1 2 3 4 5**

Poor Good Excellent

**Quality of Presentation**

**1 2 3 4 5**

Poor Good Excellent

**Quality of Presentation**

**1 2 3 4 5**

None Somewhat Very

**Knowledge Gained**

**1 2 3 4 5**

Not at All Somewhat Very

**Usefulness of Information**

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Please help us evaluate the effectiveness of our programming. Circle the answers that best describe the session in regards to these four categories.

Feel free to add any comments on the back.

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I plan to Implement at least one thing learned today within…**

**One Week One Month One Year**

**Two Years Will Not Use**

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