**Training Session Feedback Form**

**Date: ………………………………………………**

**Session Title: …………………………………………………………………………………………………**

**Facilitator(s): …………………………………………………………………………………………………**

**………………………………………………………………………………………………………………………**

Please indicate your level of agreement with the statements listed below:

12. What did you like most about this training?

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13. What aspects of this training could be improved?

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14. How do you hope to change your practice because of this training?

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15. Are there any other topics that you would like training on in this area?

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16. Please share any other comments or suggestions here:

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**Thank you for your feedback!**