

## *Post-Session Survey*

Your Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Topic(s) Presented: \_\_\_\_\_

*Rate your learning experience today on the following scale of 1-10, with 1 being poor and 10 being excellent.*

Poor    1    2    3    4    5    6    7    8    9    10    Excellent

*Please answer the following questions with complete accuracy.*

What were the two most important ideas discussed in today's sessions?

What was unclear in today's presentations?

What else would you like to learn about this/these topic or topics?