

Feedback Form**Workshop Name:** _____**Location:** _____**Facilitator/s:** _____**The Topic presented today was of interest.**

	1	2	3	4	5	
strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	strongly agree

This group session assisted your professional development.

	1	2	3	4	5	
strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	strongly agree

Will you be able to use this information in your practice?

☐ Yes
☐ No
☐ Maybe

If yes, how will it benefit you in your practice?

Was there anything that did not work well for you?

What suggestions do you have for us to improve this session?

Any further comments?

We love to have feedback we can share with other groups and organisations.
