Online Safer and Vital Communities Workshops
<Feedback Form>

www.meeting.knet.ca

Date: _____ Community: _____

Presenter: _____

Topic: _____

To help us meet your training needs, please complete this form by circling the number which best describes your answer to each question.

1. The session was:
    Good   **OK**   **Poor**
        5   **4**   **3**   **2**   **1**

2. Did you learn anything?
    Yes   **Somewhat**   **No**
        5   **4**   **3**   **2**   **1**

3. Will it help your community?
    Yes   **Somewhat**   **No**
        5   **4**   **3**   **2**   **1**

4. Was the presenter interesting?
    Yes   **Somewhat**   **No**
        5   **4**   **3**   **2**   **1**

5. I had opportunity to ask questions and participate in discussion?
    Yes   **Somewhat**   **No**
        5   **4**   **3**   **2**   **1**

6. What was the **best part** of today's session?
    _____
    _____

7. What part did you like **least**?
    _____
    _____

8. What other topics would interest you?
    _____
    _____

9. Additional comments and suggestions:
    _____
    _____

Thank you for your feedback. Please fax to the KORI Office at 807-768-4817.