OMB Number: 2900-0770 Respondent Burden: 2 minutes Expiration Date: xx/xx/xxxx

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Learning Sessions Satisfaction Survey

Personally identifiable information is not required. Your responses will be incorporated with the answers provided by other respondents.

 How would you rate the contract of the contract o	ne overall Return on I	nvestment (R	OI) you rece	ived through t	ne Learning Session
5 □Excellent	4 □Very Good	3 □Good	2 □Fair	1 □Poor	
2. How would you rate the relevance to your business of the information received at the LS?					
5 □Excellent	4 □Very Good	3 □Good	2 □Fair	1 □Poor	
3. How would you rate the speaker's knowledge about the information presented on this session?					
5 □Excellent	4 □Very Good	3 □Good	2 □Fair	1 □Poor	
4. Do you feel the training objectives were met?					
5 □Definitely yes	4 □Probably yes	3 □Don't kno	w 2 □Pro	bably not	1 □Definitely not
5. How would you rate the amount and importance of the information you learned at this LS?					
5 □Very high	4 □High 3 □	Moderate	2 □Low	1 □V	ery low
6. Please identify the LS you attended. (It could be by topic, industry, company, VISN, name of the speaker).					
7. Please share any additional comments or suggestions in regards to this LS.					

Thank you for your participation!
We look forward to seeing you at our next VA engagement event!