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| --- | --- |
|  | **Panel Chair Development Training - Feedback Form****In an effort to assess the quality and value of the Panel Chair Development Training please respond to the following items. The information provided will be used to assess the quality of the training and improve future learning events. Your participation is voluntary, and the information provided will be kept private.** |

**Facilitator(s):** Laurie Jackson, Tammy Hopper and Jaqueline Thomas

**Event Date(s): February 12 – 13, 2020**  **Location:** Washington, D.C. (Georgetown)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Please rank the following questions:** |  | **Strongly****disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly****Agree** |  |
| 1. ***Please rate your experience as a participant:***
 |  |  |  |  |  |  |  |
| * *The resources provided were helpful in the learning process.*
 |  | 1 | 2 | 3 | 4 | 5 |  |
| * *The content was relevant to my role.*
 |  | 1 | 2 | 3 | 4 | 5 |  |
| * *Objectives (as defined) were accomplished.*
 |  | 1 | 2 | 3 | 4 | 5 |  |
| * *The information will enhance my skills as a**panel chair.*
* *Overall, I feel prepared to serve as a panel chair.*
 |  | 11 | 22 | 33 | 44 | 55 |  |
| 1. ***Please rate the quality of the event:***
 |  |  |  |  |  |  |  |
| * *Location of meeting*
 |  | 1 | 2 | 3 | 4 | 5 |  |
| * *Meeting environment created by hosts*
 |  | 1 | 2 | 3 | 4 | 5 |  |
|  |  |  |  |  |  |  |  |
| 1. ***Please rate the facilitator(s) of this event:***
 |  |  |  |  |  |  |  |
| * *Knowledge of topic*
 |  | 1 | 2 | 3 | 4 | 5 |  |
| * *Ability to connect with participants*
 |  | 1 | 2 | 3 | 4 | 5 |  |
| *(i.e. responsiveness, open to* *feedback,**encourages discussion etc.)* |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 1. ***Comments regarding additional needed training or resources:***

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| 1. ***Specific follow-up requested (please share contact information):***
2. ***Please share any comments specific to your experience in this training:***
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