OMB #: 0970-0401

Expiration Date: 5/31/2021

2020 Tribal Grantee Peer-to-Peer Meeting Survey

Please rate the following about the presentation. Your Feedback is sincerely appreciated. Thank You.

**Session/Plenary Title**

**TBD**

Instructions

Please check a rating for each of the following items. Rate aspects of the session on a 5 to 1 star scale (5=Excellent and 1=Poor). Choose N/A if the item is not appropriate or not applicable to this session.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Session/Plenary Ratings | \*\*\*\*\* | \*\*\*\* | \*\*\* | \*\* | \* | N/A |
| Presenter’s level of preparation |  |  |  |  |  |  |
| Presenter’s knowledge of subject material |  |  |  |  |  |  |
| Presenter’s awareness and responsiveness to questions |  |  |  |  |  |  |
| Presenter’s ability to provide real-life examples |  |  |  |  |  |  |
| Use of Visual Aids and/or exercises |  |  |  |  |  |  |
| Respondents’ overall rating of the Session/Plenary |  |  |  |  |  |  |

What topics covered in this session/plenary did you find most useful and why? Was enough time dedicated to those topics?

How can we improve this session/plenary to better meet your needs?

Additional Comments:

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