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

Additional Comments:

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