# EVALUATION FORM

**2019 Tribal Grantee Meeting**

*Please circle the number that correlates with your response. Your responses are voluntary and it is estimated that it will take you five minutes to complete the questions. Any information that is received will be kept private.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Each Plenary & Breakout Session:** | **Poor** | **Fair** | **Good** | **Very Good** | **Excellent** |
|  |  |  |  |  |  |
| The session increased my knowledge of this issue: | **1** | **2** | **3** | **4** | **5** |
| This session was relevant to my work: | **1** | **2** | **3** | **4** | **5** |
| Comments |
|  |
|  |
| **Overall Evaluation of 2019 Tribal Grantee Meeting:** |  |  |  |  |  |
|  |  |  |  |  |  |
| What did you most enjoy about the 2019 Tribal Grantee Meeting? |  |  |  |  |  |
|  |  |  |  |  |  |
| Comments |
|  |
| What topics would you like to see covered at future grantee meetings/webinars or trainings? |
| Comments |
|  |

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