

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
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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. | 1 | 2 | 3 | 4 | 5 |
| • Overall, I feel prepared to serve as a panel chair. | 1 | 2 | 3 | 4 | 5 |

2) 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 |

3) Please rate the facilitator(s) of this event:

- | | | | | | |
|--|---|---|---|---|---|
| • Knowledge of topic | 1 | 2 | 3 | 4 | 5 |
| • Ability to connect with participants (i.e. responsiveness, open to feedback, encourages discussion etc.) | 1 | 2 | 3 | 4 | 5 |

4) Comments regarding additional needed training or resources:

estimated to average 5 minutes per participant, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0401 and the expiration date is 05/31/2021. If you have any comments on this collection of information, please contact info@rhyttac.net.

5) Specific follow-up requested (please share contact information):

6) Please share any comments specific to your experience in this training:

