



We would appreciate your input by completing the following survey. Your feedback about this training/presentation is very important to us and will be used to improve our future trainings/presentations.

1. Date: ____/____/____

2. Please describe yourself: (Check all that apply)

- Student
- Professionals & Para-Professionals
- Family Member/ Caregiver
- Adult with Disabilities
- Children/Adolescents with Disabilities
- Legislators/ Policymakers
- General Public/Community Members

3. I am satisfied with the knowledge and skills gained from this training/presentation:

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 4 | 3 | 2 | 1 |
| Strongly Agree | Agree | Disagree | Strongly Disagree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. As a result of this training/presentation, my knowledge about this topic has increased:

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 4 | 3 | 2 | 1 |
| Strongly Agree | Agree | Disagree | Strongly Disagree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. Do you have any comments or suggestions that could help improve this training/presentation?

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Email: _____



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