

**FEEDBACK SUMMARY FOR COURSES**

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| **Course:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Course Dates**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Presenter(s)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **# of Attendees**: \_\_\_\_\_\_\_\_\_\_ **# of Feedback Forms**: \_\_\_\_\_\_\_\_\_\_**# Attendees at Session #1**: \_\_\_\_\_\_\_\_\_\_ **#2**: \_\_\_\_\_\_\_\_\_ **#3**: \_\_\_\_\_\_\_\_\_ **#4**: \_\_\_\_\_\_\_\_ |
| **Attendee Feedback on Course** |  |
| **Attendee General Suggestions** |  |