



Project Firstline

# Session Feedback Form

Project Firstline Infection Control Training Toolkit



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention



# Session Feedback Form

Session Date and Time (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_ a.m. or p.m.

Facilitator: \_\_\_\_\_

Topic: \_\_\_\_\_

**We invite you to share your feedback below. This information will assist us in improving future sessions.**

What part of this session was most *informative* or *enjoyable*? Why?

What part of this session was least *informative* or *enjoyable*? Why?

**Please score the following statements by selecting the appropriate response to each statement.**

The presenter(s) were organized and approachable in their presentation.

**Strongly  
Disagree**

**Somewhat  
Disagree**

**Somewhat  
Agree**

**Strongly  
Agree**

The session provided content that was related to my work.

**Strongly  
Disagree**

**Somewhat  
Disagree**

**Somewhat  
Agree**

**Strongly  
Agree**

My overall understanding of the topics covered in this session has improved.

**Strongly  
Disagree**

**Somewhat  
Disagree**

**Somewhat  
Agree**

**Strongly  
Agree**

I would recommend this session to others.

**Strongly  
Disagree**

**Somewhat  
Disagree**

**Somewhat  
Agree**

**Strongly  
Agree**

Comments: