

Session Evaluation

Date: _____ Location: : _____

Facilitator: _____

Organization: _____

Your opinion is important to us. Please help us improve future workshops by answering the following questions. Thank you for your cooperation.

Select the reaction that best describes your opinion.			
Did the workshop meet your expectations?			
Do you feel you have a better understanding of your diabetes?			
I am empowered to make changes to my diabetes management.			
Would you recommend this workshop to a family member/friend?			

What did you like the most? _____

Additional Comments: _____

