



Date: \_\_\_\_\_ Name (Please Print) \_\_\_\_\_

## TOPIC

Topic	Excellent	1	Very Good	2	Good	3	Fair	4	Poor	5
Guest Presenter(s)	Excellent	1	Very Good	2	Good	3	Fair	4	Poor	5
Exercises	Excellent	1	Very Good	2	Good	3	Fair	4	Poor	5
Live facilitator	Excellent	1	Very Good	2	Good	3	Fair	4	Poor	5

What did you like best about this topic? \_\_\_\_\_

## OVERALL SESSION RATING

Overall today was?    Excellent 1    Very Good 2    Good 3    Fair 4    Poor 5

How did this session compare with your expectations?

Exceeded my expectations 1    Met expectations 2    Fell short of expectations 3

What suggestions can you offer for future sessions? \_\_\_\_\_

Any other comments \_\_\_\_\_

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