# Workshop:       Date:

1. The information presented was:

[ ]  Very helpful [ ]  Somewhat helpful [ ]  Not helpful

1. Do you feel additional areas of information should be covered?

[ ]  Yes [ ]  Not sure [ ]  No

| 1. If yes, what areas:
 |
| --- |
|       |
|  |

1. How would you rate the training overall? (Please check only one)

(Low) [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10 (High)

| 1. Would you recommend this program to others? Why or why not?
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| --- |
|       |
|  |
| 1. Additional comments:
 |
|       |
|  |

1. How did you hear about this program? *(Check all that apply)*

[ ]  Family Readiness Officer [ ]  Bulletin board [ ]  Family Support Center

[ ]  Referred by command [ ]  Installation marquee [ ]  Newsletter

[ ]  Flyer in rack/poster [ ]  Installation newspaper [ ]  Friend

[ ]  Social media [ ]  TV/radio coverage [ ]  Other

1. Please tell us about yourself: (Please check only one)

[ ]  Active duty: Rank       [ ]  Family member/sponsor: Rank

*Thank you for your assistance!*