****

**Participant Feedback**

Date: Location:

Class: \_\_\_\_\_\_\_\_\_\_\_\_ Presenter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your role with the client: [ ] SLP [ ] AT Specialist [ ] OT [ ] PT [ ] Educator [ ] Aide

 [ ] Parent [ ] Other family member [ ] Other

Please rate the following aspects of the training.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree |  | 3 = Neutral |  | Strongly Agree |
| This class met your expectations. | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |  |
|  | Strongly Disagree |  | 3 = Neutral |  | Strongly Agree |
| The trainer was well organized | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |  |
|  | Poor |  | 3 = Fair |  | Perfect |
| The pace of the class was… | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |  |
|  | Not at all |  | 3 = Neutral |  | Very Satisfied |
| Please indicate your overall satisfaction for this class. | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |  |
|  | Not at all |  | 3 = Neutral |  | Very Satisfied |
| How likely would you be to recommend this class to someone else? | 1 | 2 | 3 | 4 | 5 |

1. What did you like the most?

1. What did you like the least? \_\_\_\_\_\_\_\_\_\_\_\_

1. What additional topics would you like to learn about related to AAC?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes, I would like you to contact me. (Provide contact information below)