



Instructors: Upon completion of the session, please send this form on to your local training office for record keeping purposes.

LGBTQIA+ Presenter: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Table with 6 columns (Statement, 5, 4, 3, 2, 1) and 10 rows of statements for rating.

1. In your face-to-face group session, about how many were in attendance?

\_\_\_\_\_ Fewer than 10 \_\_\_\_\_ More than 10

2. Were you engaged in the dialogue around situations and scenarios discussed in the session?

\_\_\_\_\_ Yes \_\_\_\_\_ No

3. Did the presentation make room for comments and questions from the participants?

\_\_\_\_\_ Yes \_\_\_\_\_ No

4. What were some positive points of this presentation?

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5. What improvements could be made to this presentation?

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6. What suggestion(s) do you have for future discussions and/or content that would be relevant to your work location and responsibilities?

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**Name:** (Optional)

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**Thank you for your participation!**