

Session Evaluation

Session #				
Mark the number in th	e answer range	for each question	1.	
1. Were the id	eas in the Se	essions prese	nted clearly	ı?
1 Not at all!	2	3	4	5 Very much so!
2. Did you fee	I the Coping	Tools presen	tation in th	e Session helpful?
1 Not at all!	2	3	4	5 Very much so!
3. Will you be	utilizing the	ideas provid	ed in the Se	ession?
1 Not at all!	2	3	4	5 Very much so!
4. Was the inf	ormation in	the Session n	new to you?	
1 Not at all!	2	3	4	5 Very much so!
5. Was the Ses	ssion presen	ted under an	hour?	
1 Not at all!	2	3	4	5 Very much so!
6. Did the Sess	sion keep yo	ur attention?		
1 Not at all!	2	3	4	5 Very much so!



	Were the Ses lelivered?	sion's exer	cises relevant	and useful	to the information being			
	1 Not at all!	2	3	4	5 Very much so!			
8. Did the presentation improve your mood/state of mind?								
	1 Not at all!	2	3	4	5 Very much so!			
9. Would you recommend this Session to a friend?								
	1 Not at all!	2	3	4	5 Very much so!			
10. Are you looking forward to viewing/attending another Session?								
	1 Not at all!	2	3	4	5 Very much so!			
Thank you for your time! Your thoughts are very respected and valued.								
Any Sugge	estions?							