



Session Evaluation

Date: _____

Member Organization: _____

Session Title: _____

Presenter: _____

Your Opinion	Would you recommend this session to family members or friends from the bleeding disorders community? <i>(Please circle your answer)</i>									
	Strongly Do Not Recommend			Do Not Recommend			Recommend		Strongly Recommend	
	1	2	3	4	5	6	7	8	9	10

Your Feedback	Please respond to the following statements regarding the topic :				Strongly Do Not Recommend	Do Not Recommend	Recommend	Strongly Recommend
	I gained a better understanding of the topic/learned something new as a result of the presentation.				1	2	3	4
	This session provided information, skills or knowledge I can use.				1	2	3	4
	This session met my expectations of the topic as defined by the session description.				1	2	3	4
	Please respond to the following statements regarding the speaker(s) :				Strongly Do Not Recommend	Do Not Recommend	Recommend	Strongly Recommend
	The speaker(s) effectively communicated information and knowledge.				1	2	3	4
	The speaker(s) knew the subject matter and could address questions and inquiries regarding the topic.				1	2	3	4
	The time allotted was sufficient.				1	2	3	4

What was MOST BENEFICIAL about the session (be specific)?

What change(s) would most improve this session?

Additional Comments: *(Please use back for additional comments)*

Please check the box that best describes you: *(check all that apply):*

- A person with hemophilia
- A carrier
- Parent/Guardian
- A person with Von Willebrand Disease
- Partner/Spouse
- Other *(Please describe)*
- A person with another type of Bleeding Disorder *(Please describe)*

Please contact me regarding the following HFA Programs/Services: *(check all that apply):*

- Advocacy
- Blood Brotherhood
- Blood Sisterhood
- Dads in Action
- Moms in Action
- FitFactor
- Get in Gear App
- Gears for Good
- Other: _____
- Educational Scholarships
- Helping Hands

Name: _____

Address: _____

Phone: _____ Email: _____

City: _____ State: _____ Zip: _____