



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 :				Not True	Somewhat True	Often True	Very True
	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) :				Not True	Somewhat True	Often True	Very True
	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	

Advocacy	Please respond to the following statement regarding your experience as an Advocate:				Not True	Somewhat True	Often True	Very True
	After this session, I feel more confident as an advocate.				1	2	3	4
	From this session, I have gained tools/skills to advocate or to <i>be</i> an advocate.				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: _____