Appendix 3Feedback Form

Feedback Form		
Topic:	Date:	
1. Did you enjoy today's session? Yes 🗌 🛚	No 🗌	
Why?		
2. What did you find most useful about the sess	ion?	
3. What would you change about it?		
4. Any other comments or suggestions?		

Thank you for taking the time to fill in this form.

Session number: