**PRP Search Basic Training**

**On-line Evaluation**

**Session No. \_\_\_\_\_\_\_\_**

**Please rate the Following:**

**A. The overall session**

 **(high)** 🞏 5 🞏 4 🞏 3 🞏 2 🞏 1 **(low)**

**B. The presenter**

 **(high)** 🞏 5 🞏 4 🞏 3 🞏 2 🞏 1 **(low)**

**C. Video Quality**

 **(high)** 🞏 5 🞏 4 🞏 3 🞏 2 🞏 1 **(low)**

**D. References and Resources**

 **(high)** 🞏 5 🞏 4 🞏 3 🞏 2 🞏 1 **(low)**

**E. What was the most helpful part of this session?**

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**F. What should we change to improve this session?**

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**G. Additional Comments:**

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**(Name -- Optional) Phone number (Optional)**