**Waisman Center University Centers for Excellence in Developmental Disabilities (UCEDD)**

**Thank you for completing this evaluation!**

**Date: Event: Presenter:**

**Please Check One:**

I am satisfied with the training/technical assistance received.

* Strongly agree
* Agree
* Disagree
* Strongly disagree

**Please Check One:**

As a result of this training, my knowledge of ... (area of emphasis or training topic in area of emphasis) increased.

* Strongly agree
* Agree
* Disagree
* Strongly disagree

Comments:

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Comments: