



LEADERSHIP WEST VOLUSIA

SESSION EVALUATION

SESSION DATE: _____

TOPIC(S): _____

Please complete this form prior to leaving today's session. Your responses will assist the Leadership West Volusia Advisory Committee in planning future programs.

Was the meeting location appropriate and comfortable? () Yes () No

If "No", please explain. _____

In your opinion, were speakers knowledgeable and informative?

_____ () Yes () No _____ () Yes () No

_____ () Yes () No _____ () Yes () No

Comments

Can you recommend other speakers on today's topic? _____

Was the meeting format adequate to provide useful information? () Yes () No

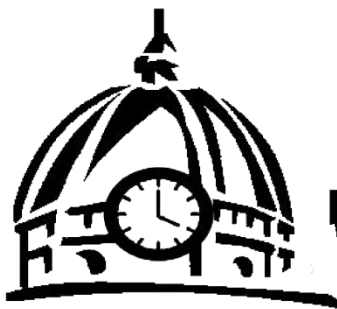
If "No", please explain. _____

Was the information received useful to you? () Yes () No

If "No", please explain. _____

Do you have other comments or suggestions on today's session?

Name (Optional)



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