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Participant Name

Course Title

Date Viewed Duration

Sponsoring Organization

Website Location

Please list 3-5 take-always you learned through this webinar or educational video.

Was this webinar/training video as educational as you expected? Why or why not?

Will the knowledge gained from this training help to increase job performance? Why or why not?

Would you recommend this video to a co-worker? If so, who?

Your feedback is important in helping us to increase the quality of our Self-Initiated Training program. Please return this form to your training coordinator. Thank you!