## No Longer Bound Webinar Feedback Form

Thank you so much for attending today's session. Please complete the following short survey to let us know about your experience during today's session. This program was made possible by funding provided by Bucks County Drug and Alcohol Commission, Inc.

*Rec	uired				
Nam	e as you would like it to a	opear	on certificate*:		
Age	ncy/Organization Name: _				
Ema	il Address*:				
Test	Type:				
0	Pre-Test O	Post-T	est O Evaluation		
Gen	der Identity:				
0	Female O M	ale	O Other		
Wou	ld you describe yourself a	s:			
0	Asian		O Black	0	Native Hawaiian and Other Pacific Islander
0	More Than One Race		O White	0	Prefer Not to Say
Age					
0	12-14	0	15-17	0	18-20
0	21-24	0	25-44	0	45-64
0	65 and Over	0	Prefer Not to Say		
Ethr	icity:				
0	Hispanic or Latino	0	Not Hispanic or Latino	0	Prefer Not to Say

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For the question below, 1 ≖ stro	ngly disagree; 5 :	= strongl	y agree	<b>:</b> :		
		1	2	3	4	5
Overall, this session incomy knowledge.*	reased	0	0	0	0	0
2. Rate your satisfaction level ba	ased on today's s	session fo	or each	of the follo	wing areas:*	
	Very Dissatisfied	Dissati	sfied	Neutral	Satisfied	Very Satisfied
Facilitator's effectiveness	0	0		0	0	0
Session content	0	0		0	0	0
Participant interaction	0	0		0	0	0
Web conferencing platform	0	0		0	0	0
Timing	0	0		0	0	0
Overall experience	0	0		0	0	0
3. What part of this session was	the most helpful	? (if any)	*			
			- Andreas - Andr			
4. What would you like to have s	een done differer	ntly? (if a	ny)*			
		<u> </u>				

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3. VVI	nat topics would	you iii	ke to see next?				
6. Ha	ow did you hear a	bout t	his session?*				
0	Social Media	0	No Longer Bound Invite	0	Eventbrite	O Other	
Other							
7. W	ould you like to be	e add	ed to No Longer Bound's n	nailing	list for future	e events?*	
0	Yes		O No		0	Other	
Other	r:						