

# 2004 Alcohol Policy Network

## Alcohol Policy 101 Teleconference EVALUATION FORM

1. What did you hope to get out of this teleconference?

2. To what extent did this session meet your expectations?

\_\_\_ Exceeded Expectations

\_\_\_ Met Expectations

\_\_\_ Below Expectations

3. How would you rate the following:

	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
Registration Process	1	2	3	4	5
Technology	1	2	3	4	5
Content	1	2	3	4	5
Discussion/Interaction	1	2	3	4	5
Background Readings	1	2	3	4	5
Overall	1	2	3	4	5
Other: _____	1	2	3	4	5

4. What did you like about the session?

5. What did you dislike about the session?

6. How will you apply or use what you have learned?

7. What other information/resources/supports would you find helpful?

8. Other comments:

Please fax to Alcohol Policy Network at 416-367-2844, ATTN: APN.  
Thank you!