



Regional Meeting Evaluation Form

LAM Liaison: _____

Location: _____

Date: _____

Region: _____

Session Objectives: *(Customize these by creating two or three based on your speakers and topics)*

Examples:

1. Understand the impact of good nutrition when living with a rare disease.
2. Learn how to develop and maintain good nutrition habits.
3. Understand various options when creating a balanced diet.
4. Learn about various resources and expand support network.

Speaker: _____ **Topic:** _____

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|--|---------------|----------|-------------|----------|----------|
| Overall Impression Circle one: | Excellent - 5 | Good - 4 | Neutral - 3 | Fair - 2 | Poor - 1 |
|--|---------------|----------|-------------|----------|----------|

| | | | | |
|--|--|-------------------------|-----|----|
| Rate Content Check all that apply: | <input type="checkbox"/> Interesting/Enlightening | Met meeting objectives? | Yes | No |
| | <input type="checkbox"/> Appropriate detail for audience | Answered my questions? | Yes | No |

What was the most important thing that you learned during this session?
