1. **How much of the information in this session was new to you?**
	1. None
	2. A little
	3. Some
	4. Most
	5. All
	6. Optional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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2. **How much of the information in today's session will be helpful for reducing disparities in your organization?**
	1. All
	2. Most
	3. Some
	4. A little
	5. None
	6. Optional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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3. **Overall, how would you rate this session?**
	1. Excellent
	2. Poor
	3. Fair
	4. Good
	5. Very Good
4. **To what extent do you agree with the following statements?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Answer Options** | **Strongly disagree** | **Disagree** | **Neither disagree or agree** | **Agree** |
| The examples given were practical. |  |  |  |  |
| I learned material that will help me improve equity at my organization. |  |  |  |  |

1. **How useful was each topic for you?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Answer Options** | **Not useful (1)** | **(2)** | **(3)** | **(4)** | **Very useful (5)** |
| Overview of the training series |  |  |  |  |  |
| Linking quality improvement and equity |  |  |  |  |  |
| Conducting a SWOT Analysis |  |  |  |  |  |

1. **What were the strengths of this session?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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2. **What suggestions do you have for improving this session?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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1. **Please use the space below for any additional comments. We appreciate any feedback on specific topics or tools.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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