Training Feedback Form

Please describe the most important things you learned or experienced by taking this training:	In what ways will you be able to use what you have learned or experienced in your day-to-day work?
In your opinion, are there others who would benefit from this training (staff, board members, other library directors)?	Any other thoughts or observations:
Course or training title: **Date completed**:	This course/conference was a useful investment of my time and my library's support. ☐ Yes ☐ No
Your Name and Library:	