2017 INFORMATION EXCHANGE EVALUATION FORM
THURSDAY OCTOBER 26, 2017

Thank you for attending the 2017 HSCB Information Exchange!
Complete this evaluation form to help us plan next year's event.

SESSION D-4: SERVICES FOR THE BLIND	Very Poor	Poor	Good	Very Good	Exc
BEFORE THIS SESSION, my level of knowledge about this topic was:					
AFTER THIS SESSION, my level of knowledge about this topic was:					

Comments on this Information Exchange breakout session, including any improvements that could be made:

Optional:

Name _____ **Agency** _____

Phone _____ **E-mail** _____

COMPLETE THE SECTION BELOW ONLY ONCE,
AFTER YOU HAVE ATTENDED YOUR LAST BREAKOUT SESSION.

What other breakout sessions topics would you like to see offered at next year's Information Exchange?

☐ **Check this box and complete the information below if your non-profit is interested in potentially being a breakout session at a future Information Exchange.**

Name _____ Agency _____

Phone _____ E-mail _____