



## COMMUNITY EDUCATION FEEDBACK

**Session Date:** \_\_\_\_\_

**Session Name:** \_\_\_\_\_

**Please tick any that apply to you:**

Family member/friend of person with disability  Carer of person with disability

Employee of disability sector organisation  Health professional

Person with Disability  Student  Community Member

**On a scale of 1 – 5; 1 being poor and 5 being outstanding  
please respond to these questions:**

Overall I found the information session to be:

Overall I found the presenter to be:

**Things I liked about the session:**

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**Things that need improvement or change:**

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