

*Living Well Alaska: Better Choices, Better Health:
Leader Training Feedback Form*

Living Well Alaska Trainees: Please complete this form after the training and hand it in to your trainers.

1. What community are you from? _____
2. What were the dates of the training: _____
3. What are the names of your trainers? _____
4. Where (location e.g., senior center, church) do you plan to teach *Living Well Alaska* classes?

Thinking back over this training...

5. What portions were the most valuable? _____

6. What portions would you give more time to? _____

7. What portions would you change? _____

8. Do you feel prepared to teach a 6-week class in the next 30 days? ___Yes ___No
Please explain. _____

Please share any other comments about the training.

Thank you!