Please take a moment to complete this survey to help us improve this training program and assure that we are meeting your needs. Circle the options and write your suggestions for your valuable feedback.

1. Do you prefer to have the training provided in one 24 hour package? YES / NO

2. Were you satisfied with the accommodations?
   • FOOD YES / NO
   • LODGING YES / NO / N/A
   • TRAINING FACILITY YES / NO

3. How would you rate the overall training program?
   • POOR
   • AVERAGE
   • GOOD
   • VERY GOOD
   • EXCELLENT

4. Did the content meet your expectations?
   • DID NOT MEET EXPECTATIONS
   • MET EXPECTATIONS
   • EXCEEDED EXPECTATIONS
   • EXCELLENT

5. Are there any suggestions on how to improve?

   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

6. Are there any topics or courses you would like covered in the future?

   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

Optional: Send to: sbucodetrainingcommittee@stonybrook.edu or Fax to; 631-632-9683

Name: ___________________________ Agency: ___________________________

Phone: ___________________________ Email: ___________________________

Thank you for your support by completing this survey!