

Participant Form - To Be Completed by the Learners

Program _____ Date: _____

1. Did you learn new information today?

_____ **yes** _____ **no**

2. What did you learn?

3. Will you do something differently as a result of this program?

(For example, will you start doing something new, will you change a current behavior, or will you stop doing something that isn't beneficial for you?)

_____ **yes** _____ **no**

4. What will you start, do differently, or stop doing as a result of this program?
