

Leadership Communication Session Feedback Form

Name (optional)

Email (optional)

Session Date

Facilitator Name

How would you rate the session overall?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How would you rate the quality of content?

How effective was the facilitator?

What were your key learnings from the session?

How could this session be improved?

Any other comments or suggestions?