

BCTF Training Department  
**Participant Workshop Feedback Form**  
2011-12



Workshop Title:
BCTF Associate/Facilitator:
Date of Session:
Local/School:

I really appreciated....

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Suggestions for changes / Additions to this workshop?

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I'm still wondering about....

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Other comments (use back of page if necessary)

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(Name) optional

Thank you for completing this form.