SEE BEYOND STROKE trainer evaluation

Your name: As a trainer, how were the Clips & Worksheets useful to you? Job title: Your contact details: Your local authority or company: How were the Clips & Worksheets useful to the staff present? **NAMES OF PARTICIPATING TRAINEES:** We hope you can make long-term use of these resources. Take a note here of how long the training session took and what changes you could make to it next time. We welcome your feedback! **Email** hello@thecloserweget.com with comments & suggestions of how we can improve this training

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Please use this space to make any other comments.