***Pre-ATLAS II Capacity Building Program***

***-------------------------------***

***Evaluation sheet***

***------------***

* Session (Topic): ...................To be filled in by the staff...............................................................................
* Date: ......................To be filled in by the staff............................................................................................
* ALS:
  + ALS Name: ....................................................................................................................................
  + Regional Group (RALO): ................................................................................................................
  + ALS Representative:
  + Name: ...........................................................................................................................................
  + Email address: ..............................................................................................................................

Thank you for participating in our **Pre-ATLAS II Capacity Building** Program

**Please indicate your responses to the following questions**

1. Were you able to hear and understand the speakers during the session? (**Yes**/**NO**).................................

If the answer is “**No**”, please give the reasons ...........................................................................................

..........................................................................................................................................................................................................................................................................................................................................

1. Have you had difficulties with the technology (Adobe Connect, phone connectivity)? (**Yes**/**NO**) .............

If the answer is “**Yes**”, please describe the problem ..................................................................................

..........................................................................................................................................................................................................................................................................................................................................

1. Are there parts of the presentation that you feel need more explanation? (**Yes**/**NO**) ..............................

If the answer is “**YES**, please list them ........................................................................................................

..........................................................................................................................................................................................................................................................................................................................................

1. Any other remark on this session? (**Yes**/**NO**)...............................................................................................

If the answer is “**YES**, please list them ........................................................................................................

..........................................................................................................................................................................................................................................................................................................................................