

Vicki Hess Feedback Form

Date: _____ Location: _____

1. What was great about the program – things Vicki should **continue** to do?
2. What was disappointing about the program – things Vicki should **stop** doing?
3. What was missing in the program – things Vicki should **start** doing?
4. What was the **key take-away** you received from the program?
5. On a scale from 1-10 (**10 is the best ever**), how would you rate this program?

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