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

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***Evaluation sheet***

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* Session (Topic): . **Policy Development Process**
* Date: 5 May 2014
* 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 ...........................................................................................

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

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

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

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

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

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

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