

*Living Well Alaska: Better Choices, Better Health:*  
**Leader Training Feedback Form**

**Living Well Alaska Trainees:** Please complete this form after the training and hand it in to your trainers.

1. What community are you from? \_\_\_\_\_
2. What were the dates of the training: \_\_\_\_\_
3. What are the names of your trainers? \_\_\_\_\_
4. Where (location e.g., senior center, church) do you plan to teach *Living Well Alaska* classes?  
\_\_\_\_\_

**Thinking back over this training...**

5. What portions were the most valuable? \_\_\_\_\_  
\_\_\_\_\_
6. What portions would you give more time to? \_\_\_\_\_  
\_\_\_\_\_
7. What portions would you change? \_\_\_\_\_  
\_\_\_\_\_
8. Do you feel prepared to teach a 6-week class in the next 30 days? \_\_\_Yes \_\_\_No  
Please explain. \_\_\_\_\_  
\_\_\_\_\_

**Please share any other comments about the training.**

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***Thank you!***