GrapeVine
Session Report Form
Please Fill Out Completely

Presenter (s): ____________________________  Number of Attendees: __________

Date: _____/_____/____  Time: _______ AM / PM  County: ______________________

Location (Site): __________________________________________________________________

Location (Address): __________________________________________________________________

Session Length (Please record to closest 15 minute increments): _________________
Preparation/Travel Time (Record to closest 15 minute increments): _________________

Presented as a Book Club:  □ Yes  □ No

Unit Presented:

□ Advance Care Planning  □ Better Brain Health  □ Bone Health
□ Breast Cancer  □ Breastfeeding  □ Diabetes Prevention
□ Gynecological Cancers  □ Healthy Relationships  □ Heart Health
□ Mental Health  □ Oral Health  □ Self Care

Complete and return within 2 weeks to Nora Miller, WWHF, 2503 Todd Drive, Madison, WI  53711

1. Did you feel your presentation flowed well? Were you comfortable with the process and materials?

2. Did the participants have any questions that were not addressed in the PowerPoint or script that you feel it would be helpful to add to either?

3. Did you feel you had adequate information and support to organize and carry out the session?

4. Please share any suggestions/comments to improve the flow or materials provided.

5. What worked well? What additional support would you like in the future?

Thank you!

(Rev. 07/17)