

Confidence with Numbers Participant Feedback Form

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1. Which organisation did you complete your Confidence with Numbers Session with?

2. Date of session _____

3. How would you rate the session overall? Please circle your answer.

1 2 3 4 5

1 = Very poor, 3 = Satisfactory, 5 = Excellent

4. Has this session improved your confidence with numbers?
Please circle your answer.

Yes No

5. As a result of this session, do you feel more able to take the next steps in your work? Please circle your answer.

Yes No

6. How might we improve the Confidence with Numbers session?

Thank you for completing this feedback form.