**System Action Plan Leadership Training Report**

Title of topic studied. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date topic studied. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Circle one option)*

1. Was the session helpful? ( YES MEDIUM NO )

2. Did this apply to some very practical KMS need? ( YES MEDIUM NO )

3. Did this apply to a more general/overall need for KMS? ( YES MEDIUM NO )

4. Was the information clearly stated? ( YES MEDIUM NO )

5. Was the information covered in ten minutes or less? ( YES MEDIUM NO )

6. Was the information interesting or fun? ( YES MEDIUM NO )

7. What were the top three points of the session?

 1.

2.

 3.

8. How will we use this information?

 Generally:

Specifically:

9. Do you have any suggestions on how to improve this training system?