



# Gatekeeper Training Evaluation

Date: \_\_\_\_\_ Location: \_\_\_\_\_

1. Did you find the training session valuable? Why or why not?

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2. What information did you find most useful?

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3. Did you find the facilitator effective?

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4. Any additional comments or suggestions?

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Thank you for your time today. Together, we can help keep our seniors safe, secure, and independent.

