



NAME: _____ W#: _____

Title Of Presentation: _____

Date Viewed: _____ Organization: PEHP TIAA Blomquist Hale
URS

I – WHAT IS THE PRESENTATION ABOUT?

II – LIST THE MAIN OBJECTIVES OF THE PRESENTATION.

- A.
- B.
- C.

III – WHAT DID YOU THINK OF THE PRESENTATION OVERALL?

IV – DID YOU LEARN ANYTHING NEW? IF SO, WHAT?

- A.
- B.
- C.

V – WILL YOUR WELLNESS BE AFFECTED BY THIS PRESENTATION? IF SO, HOW?

- A.
- B.
- C.