



**2021 Central Division  
Alpine Skills Development Workshop  
Event Feedback**



**Group Leader:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please circle session you participated in this weekend:

- |  |                                  |
|--|----------------------------------|
| 1. Senior Alpine Evaluator Calibration | 5. Toboggan IT Certification     |
| 2. SnowSport Trainers Workshop         | 6. Toboggan Hybrid Certification |
| 3. PSIA Level 2/3 Prep                 | 7. Toboggan Trainers Prep Clinic |
| 4. Sr. Evaluator Toboggan Calibration  |                                  |

<i>Please check the box which most closely represents your view of the statements listed below.</i>	Agree	Neutral	Disagree
1. The training/certification session met my expectations.			
2. Objectives for the weekend were clearly identified.			
3. I received direct feedback throughout the weekend.			
4. My trainer was well prepared and knowledgeable.			
5. The host location and facilities were effective for the event.			
6. The ASDW event overall was well organized with effective communications.			

7. My favorite part of the event was: \_\_\_\_\_  
Why?

8. I would like to see the following changes or additions to the ASDW event:

9. Any other feedback or suggestions not addressed above:

Participants Name/Contact: (Optional) \_\_\_\_\_

THANK YOU FOR YOUR PARTICIPATION!