



Participant Feedback Survey

Ask participants to scan the QR and provide their feedback on the program. Responses will be collected and compiled by the ADA and shared with the host society in the weeks following their event. The QR code below is included in the PowerPoint template within the ARC toolkit and can also be placed into other program materials you may have.

Survey link: https://surveys.ada.org/jfe/form/SV_414pW8EKXxe2ySW



Survey questions include:

- Which dental society hosted the event you attended?
- What stage are you at in your dental career?
- Which school do you attend? *(if applicable)*
- What is your graduation year? *(if applicable)*
- What is your residency program? *(if applicable)*
- What state or territory do you practice in? *(if applicable)*
- Event Date
- Which topics were covered during this program/event?
- Which topics resonated with you the most?
- What overall rating would you give this program/event?
- What do you suggest we change?
- Please share your biggest takeaway(s) from the event or what you enjoyed most.
- Were there any topics of interest that were not addressed? Do you have any lingering questions you'd like to ask or anything else you'd like to share?
- Would you like someone to follow up with you
 - If yes, please share your name and email address (no school emails, please)