Presenter Feedback

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| **Please circle the amount to agree/disagree with the below statement****1 - Strongly disagree, 2- disagree, 3 neutral, 4 agree, 5. Strongly agree**  |
| 1. I have a general understanding of the epidemiology of soccer-related injuries | 1 | 2 | 3 | 4 | 5 |
| 2. I have a general understanding of the risk of injury for soccer players | 1 | 2 | 3 | 4 | 5 |
| 3. Injury prevention is important in youth soccer  | 1 | 2 | 3 | 4 | 5 |
| 4. I can identify a few common mechanisms of ACL injuries among soccer-players | 1 | 2 | 3 | 4 | 5 |
| 5. The 11+ is effective in reducing soccer-related injuries | 1 | 2 | 3 | 4 | 5 |
| 6. Compliance with the “11+” program is important to maximize its efficacy | 1 | 2 | 3 | 4 | 5 |
| 7. I have a general understanding of potential barriers for the implementation of the 11+ program using the RE-AIM framework | 1 | 2 | 3 | 4 | 5 |
| 8. I can identify a several ways to increase the reach, effectiveness, adoption, implementation and/or maintenance of injury prevention programs in youth soccer players | 1 | 2 | 3 | 4 | 5 |
| 9. The presenter used appropriate professional language, and spoke with appropriate clarity  | 1 | 2 | 3 | 4 | 5 |
| 10. All of my questions were answered satisfactorily | 1 | 2 | 3 | 4 | 5 |
| 11. The information presented was relevant to me | 1 | 2 | 3 | 4 | 5 |
| 12. The presentation was well organized and easy to follow | 1 | 2 | 3 | 4 | 5 |
| 13. The use of visual aids assisted in my learning | 1 | 2 | 3 | 4 | 5 |

14. Please provide additional comments and/or suggestions of ways to improve this presentation in the future:

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