**b7 LEADER’S FEEDBACK**

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| --- | --- |
| **Leader’s Name:****Date:** | **Group Number:****Location:** |

**What was good?**

Did you feel equipped to lead your b7 group?

**What could be improved?**

Thinking back on your experience leading this study, is there something that might have helped you feel more prepared?

**Please hand in at the front of the lecture hall after b7.**

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