

WORKSHOP FEEDBACK FORM

Please take a few moments to provide us with some important feedback about your professional development workshop. This information will be used to improve and select future workshops.

IMPORTANT! This document will be scanned for data entry. Please fill in the circle next to your selection like this:

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Wo	orkshop # 101						
1.	. Of the following considerations, please select up to three (3) that we	ere most impoi	rtant in	your decisior	to atte	end this wor	kshop
	Person facilitating the workshop						
	② Cost (workshop fee)						
	3 Date and time of workshop						
	Workshop topic						
	5 Length of the workshop (1/2 day, full day, 2 day)						
	6 Description of teaching/learning methods to be employed						
	7 Other (please specify)						
	Please indicate the extent to which you agree or disagree with the following statements (mark NA if the statement is not applicable):	Strongly Disagree		Neither Agree nor Disagree		Strongly Agree	NA
a.	The facilitator(s) were well organized.	1	2	3	4	5	9
b.	The facilitator(s) made good use of the time allotted.	1	2	3	4	5	9
c.	The facilitator(s) seemed knowledgeable about the topic.	1	2	3	4	5	9
d.	The facilitator(s)' style was effective in helping me learn.	1	2	3	4	5	9
e.	The teaching methods used were appropriate for the audience.	1	2	3	4	5	9
f.	The materials provided will be useful to me.	1	2	3	4	5	9
g.	I enjoyed the workshop.	1	2	3	4	5	9
h.	I understood the concepts as presented in the workshop.	1	2	3	4	5	9
i.	The workshop improved my understanding of the topic.	1	2	3	4	5	9
j.	The workshop improved my ability to use skills related to the topic.	1	2	3	4	5	9
k.	The knowledge and skills I learned will be useful to me in my job.	1	2	3	4	5	9
l.	I would recommend this workshop to others.	1	2	3	4	5	9
m.	I would attend other workshops offered by these facilitator(s).	1	2	3	4	5	9
3.	Please share any other comments you have regarding this workshop.						

Thank you. Please return this form by placing it in the envelope provided to the facilitator.