

Workshop Evaluation Survey

Event _____

Workshop _____

Presenter _____

Date _____

Please RATE the following aspects by FILLING IN ● the appropriate CIRCLE for response.

	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
1. The workshop/class content is applicable to my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The workshop/class content was clear and understandable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The instructor was well organized in conducting the workshop/class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The objectives of the workshop/class were met.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The overall quality of the workshop/class was high.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I would recommend this workshop/class to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Additional Comments

Your participation in this workshop evaluation is completely voluntary and your responses will be kept confidential. Please return your completed evaluation to the facilitator in this workshop.

Thank you for your feedback!