



Name of Program:Workshop

Facilitator:

Date: **Time:**

School: School of

Instructions: Please mark an X in the circle appropriate to your choice of response.

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1. The objectives of the program were relevant to my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The content was presented in a clear manner that helped my understanding.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The program was well structured within the time frame	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The program was presented in an interesting manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The level of interaction during the workshop was appropriate to the requirements of the topic being covered.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Given the nature of the topic, the approach used in the presentation was appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I would like to attend an advanced offering in this topic area in future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. What did you find **most** useful in this program?

9. What did you find **least** useful in this program?

10. What would you like to see changed or modified?

11. Any other comments, suggestions, ideas?
