

# 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: ●

## Workshop # 101

1. Of the following considerations, please select up to **three** (3) that were most important in your decision to attend this workshop.

- ① Person facilitating the workshop
- ② Cost (workshop fee)
- ③ Date and time of workshop
- ④ 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) \_\_\_\_\_

2. 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	⑥
b. The facilitator(s) made good use of the time allotted.	①	②	③	④	⑤	⑥
c. The facilitator(s) seemed knowledgeable about the topic.	①	②	③	④	⑤	⑥
d. The facilitator(s)' style was effective in helping me learn.	①	②	③	④	⑤	⑥
e. The teaching methods used were appropriate for the audience.	①	②	③	④	⑤	⑥
f. The materials provided will be useful to me.	①	②	③	④	⑤	⑥
g. I enjoyed the workshop.	①	②	③	④	⑤	⑥
h. I understood the concepts as presented in the workshop.	①	②	③	④	⑤	⑥
i. The workshop improved my understanding of the topic.	①	②	③	④	⑤	⑥
j. The workshop improved my ability to use skills related to the topic.	①	②	③	④	⑤	⑥
k. The knowledge and skills I learned will be useful to me in my job.	①	②	③	④	⑤	⑥
l. I would recommend this workshop to others.	①	②	③	④	⑤	⑥
m. I would attend other workshops offered by these facilitator(s).	①	②	③	④	⑤	⑥

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.**