Course/Workshop Evaluation

Workshop: ___________________________ Date: ___________________________

Instructor(s): ___________________________ Location: ___________________________

5 = Strongly Agree  3 = Neutral  1 = Strongly Disagree

1. The workshop met its stated objectives. __________________________________________
2. The participant materials and resources were helpful. ______________________________
3. I had adequate time to learn the topics covered. _________________________________
4. My knowledge/skill level increased as result of this workshop. _____________________
5. Overall I was satisfied with the instructor(s). _________________________________
6. Overall I was satisfied with the workshop. _________________________________

Other additional comments:
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Other Comments and/or suggestions regarding the workshop:
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Thank you for your time and participation in the workshop.

Name (optional): ___________________________________________________________