

Course/Workshop Evaluation

Workshop: _____ Date: _____

Instructor(s): _____ Location: _____

	5 = Strongly Agree	3 = Neutral	1 = Strongly Disagree	5	4	3	2	1
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:

Other Comments and/or suggestions regarding the workshop:

Thank you for your time and participation in the workshop.

Name (optional): _____