



**EVALUATION FORM OF WORKSHOPS**

Your feedback is critical to ensure. We are meeting your needs. We would appreciate if you could take a few minutes to share your experience.

Workshop Title : .....

Date : .....

Facilitator/s : .....

**Instructions: Please circle your response to the items.**

(1= Strongly agree / 2= Agree / 3=Fair / 4= Disagree / 5=Strongly disagree)

**A. Workshop Content**

1	I was well informed about the objectives of this workshop.	1	2	3	4	5
2	The workshop was applicable to my career.	1	2	3	4	5
3	The program was well paced within the allocated time.	1	2	3	4	5
4	The facilitator/s was/were a good communicator/s.	1	2	3	4	5
5	The material was presented in an organized manner.	1	2	3	4	5
6	I would be interested in attending a follow-up, more advanced workshop on the same subject.	1	2	3	4	5

**B. Workshop Design**

1. Given the topic, was this workshop:    a. Too short?    b. Right length?    c. Too long?

2. In your opinion, was this workshop:    a. Introductory?    b. Intermediate?    c. Advanced?

3. Please rate the followings:

	Excellent	Very Good	Good	Fair	Poor
a. Visuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Acoustics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Meeting space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Handouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The program overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Refreshments & Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. The overall grading of the Workshop : (Please circle your response to the items)

1	2	3	4	5
<b>Very Good</b>	<b>Good</b>	<b>No idea</b>	<b>Poor</b>	<b>Very Poor</b>

D. Any suggestions

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**- Please return this form to the Coordinator at the end of the workshop -**