



INTERNAL QUALITY ASSURANCE UNIT

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

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

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 b. Acoustics c. Meeting space d. Handouts e. The program overall f. Refreshments & Lunch

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

Table with 5 columns: 1 Very Good, 2 Good, 3 No idea, 4 Poor, 5 Very Poor

D. Any suggestions

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