



Bhiksu University of Sri Lanka CENTRE FOR QUALITY ASSURANCE

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
Very Good	Good	No idea	Poor	Very Poor

D. Any suggestions

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