Workshop Title: _____

Trainer Name: _____

Date: _____

Evaluation
How did we do?

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. Focused on session objectives.	❐	❐	❐	❐	❐
2. Well organized and easy to follow.	❐	❐	❐	❐	❐
3. Demonstrated a thorough understanding of the subject matter.	❐	❐	❐	❐	❐
4. Explained concepts clearly.	❐	❐	❐	❐	❐
5. Created a comfortable environment in which to ask questions, and express concerns.	❐	❐	❐	❐	❐
6. The skills I learned will be useful to me, personally and professionally.	❐	❐	❐	❐	❐

7. What aspects of this session were most valuable to you? (Top three most important.)

_____

_____

_____

8. What aspects of this session would you improve?

_____

_____

9. On a scale from 1 (low) to 10 (high), how likely is it that you would recommend this program to your colleagues: _____

10. Other comments or suggestions:

_____

_____

_____

Optional ➡ Name: _____ Email: _____

May we use your comments as a testimonial?   Yes ❐   No ❐