

Participant Feedback Questionnaire

Workshop Name:

Training Location:

Date:

INSTRUCTIONS

Please circle your response to the items. Rate aspects of the workshop on a 1 to 5 scale:

1 = "Strongly Disagree"

3 = "Neither agree or disagree"

5 = "Strongly agree"

Your feedback is sincerely appreciated. Thank you!

Please circle your response to each item.

- | | | | | | |
|--|---|---|---|---|---|
| 1. I clearly understood the objectives of this workshop. | 1 | 2 | 3 | 4 | 5 |
| 2. This workshop lived up to my expectations. | 1 | 2 | 3 | 4 | 5 |
| 3. The workshop activities helped increase my understanding of the subject matter. | 1 | 2 | 3 | 4 | 5 |
| 4. The material was presented at a speed that allowed me understand the information. | 1 | 2 | 3 | 4 | 5 |
| 5. The instructor was well prepared. | 1 | 2 | 3 | 4 | 5 |
| 6. The instructor was helpful. | 1 | 2 | 3 | 4 | 5 |
| 7. I will be able to use what I learned in this workshop. | 1 | 2 | 3 | 4 | 5 |

How would you improve this workshop?
