Location: Date:

Presenter’s Name:

We love feedback, especially your honest and specific feedback about this workshop. Please rate 1-3 in the left hand column for the three areas you thought were best about this workshop and then mark 1-3 in the third column for the three areas you think have the most room for improvement. Please add comments and specifics to help bring the maximum future improvement. Thank you!

|  |  |  |  |
| --- | --- | --- | --- |
| **Rank 1-3****BEST** | **Areas** | **Rank 1-3****WORST** | **Comments** |
|  | Location |  |  |
|  | Workshop Content |  |  |
|  | Presenter’s Skills |  |  |
|  | Exercises |  |  |
|  | Practical Tools |  |  |
|  | Workshop Materials |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Agree | Neutral | Disagree | Comments |
| I am looking forward to applying what I learned in this workshop. |  |  |  |  |
| The Presenter is knowledgeable about the material. |  |  |  |  |
| The exercises were engaging and activating. |  |  |  |  |
| Workshop was organized well. |  |  |  |  |
| The amount of time spent is the workshop worked well. |  |  |  |  |
| I would recommend this workshop to a friend. |  |  |  |  |

Please rate each statement with Agree, Neutral or Disagree and share a comment about each statement to help us understand why you ranked the statement as you did. **Thank you for your helpful feedback and for being a part of this workshop!**