

# Workshop Evaluation Form

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		

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.

	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.				

**Thank you for your helpful feedback and for being a part of this workshop!**