DUNN, PIERRE BARNETT & ASSOCIATES LTD

# WORKSHOP EVALUATION FORM

***Workshop Title:*** _____ ***Date:*** _____

For each of the following areas, please indicate your reaction:

| **CONTENT** | **EXCELLENT** | **GOOD** | **FAIR** |
|---|---|---|---|
| The objectives of the session were met | [ ] | [ ] | [ ] |
| Material covered was useful | [ ] | [ ] | [ ] |
| Practical to my needs and interests | [ ] | [ ] | [ ] |
| Workshop was well organized | [ ] | [ ] | [ ] |
| Time allocated for each activity was adequate | [ ] | [ ] | [ ] |
| Activities were effective | [ ] | [ ] | [ ] |
| Useful visual aids | [ ] | [ ] | [ ] |
| Room and facilities were satisfactory | [ ] | [ ] | [ ] |
| **PRESENTATION** | | | |
| The presenters clearly outlined the objectives | [ ] | [ ] | [ ] |
| Presenters style | [ ] | [ ] | [ ] |
| The presenters know the content well | [ ] | [ ] | [ ] |
| The presenters covered material clearly | [ ] | [ ] | [ ] |
| The presenters encouraged participation | [ ] | [ ] | [ ] |

Any other comments or suggestions?

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Overall, how would you evaluate this workshop?

| **EXCELLENT** | **GOOD** | **FAIR** |
|---|---|---|
| [ ] | [ ] | [ ] |