## Evaluation Form

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| Workshop Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Workshop Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please rate the following items on a scale of one to ten, with one being abysmal, five being acceptable, and ten being perfect. |
| Workshop Room | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Comments: |
| Workshop Facilities | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Comments: |
| Instructor Knowledge | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Comments:  |
| Interactivity of Workshop | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Comments: |
| Would you recommend this course to others? Why or why not? |
| Other thoughts you would like to share? |