



The Workshop

Your feedback is important to us

Evaluation



Information

Your Name: _____

Address: _____ City _____ State _____ Zip _____

Presenter: _____

Phone Number: _____

Email Address: _____

Please circle your answers

Please rate the overall effectiveness of the workshop:

Excellent | Very Good | Okay | Not so Hot | Poor



	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Doesn't Apply
The presenter was enthusiastic _____	5	4	3	2	1	NA
The presenter paced the session well _____	5	4	3	2	1	NA
The presenter was knowledgeable _____	5	4	3	2	1	NA
I feel equipped to apply the presented information to my daily life. _____	5	4	3	2	1	NA
Attendee materials are valuable (workbook, book) _____	5	4	3	2	1	NA
Media (Powerpoint) is relevant and well done. _____	5	4	3	2	1	NA
The marketing materials accurately reflected the content of the presentation _____	5	4	3	2	1	NA

