

# Workshop Participant Course Evaluation Form

## Participant Information

Name (optional)

Email (optional)

Workshop/Course Name

Date

 YYYY-MM-DD

## Evaluation

1. The objectives of the workshop were clearly defined.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

2. The content was organized and easy to follow.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

3. The instructor was knowledgeable about the workshop topics.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

4. The materials distributed were helpful.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

5. The workshop met your expectations.

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

## Comments & Suggestions

What aspects of the workshop could be improved?

What did you find most beneficial?

Other comments or suggestions

