

Workshop Participant Course Evaluation Form

Participant Information

Name (optional)

Email (optional)

Workshop/Course Name

Date

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

