Teacher Training Event Feedback

Participant Information

Name (optional)

Email (optional)

Role

Select your role ▾

Event Details

Event Name

Event Date

YYYY-MM-DD

Feedback

1 = Poor, 5 = Excellent

Quality of Content

○ 1

○ 2

○ 3

○ 4

○ 5

Facilitator Effectiveness

○ 1

○ 2

○ 3

○ 4

○ 5

Relevance to your needs

○ 1

○ 2

○ 3

○ 4

○ 5

What did you find most valuable about the training?

What could be improved?

Topics you'd like to see in future trainings

Additional Comments