

# Teacher Training Workshop Evaluation Questionnaire

## General Information

Name (optional):

Email (optional):

Date of Workshop:

 YYYY-MM-DD

Trainer(s):

## Workshop Content

How would you rate the overall content of the workshop?

- 1
- 2
- 3
- 4
- 5 (Excellent)

Comments on the content:

## Workshop Delivery

How would you rate the delivery/presentation style of the trainer(s)?

- 1
- 2
- 3
- 4
- 5 (Excellent)

Comments on the delivery:

## Workshop Organization

How organized was the workshop?

- 1
- 2
- 3

4

5 (Excellent)

Comments on the organization:

## Workshop Relevance

How relevant was the workshop to your teaching practice?

1

2

3

4

5 (Excellent)

Comments on relevance:

## Suggestions & Comments

What could be improved?

Other comments: