

Teacher Training Workshop Evaluation Questionnaire

General Information

Name (optional):

Email (optional):

Date of Workshop:

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: