

Workshop Participant Feedback Form

Please fill out this feedback form to help us improve future teacher training workshops.

Participant Information

Name

Optional

Email

Optional

Workshop Details

Workshop Title

Date

MM/DD/YYYY

Feedback

1. Overall, how satisfied are you with the workshop?

☐

1

☐

2

☐

3

☐

4

☐

5

2. The workshop content was relevant and useful:

☐

1

☐

2

☐

3

☐

4

☐

5

3. The facilitator(s) were effective:

☐

1

☐

2

☐

3



4



5

4. What did you find most valuable about this workshop?

5. Do you have suggestions for improving this workshop?

6. What topics would you like to see in future workshops?