

# Professional Development Evaluation Form

## Participant Information

Full Name

Position/Title

Department

Email Address

Date

## Program/Workshop Details

Program Title

Facilitator(s)

Date Attended

## Evaluation

How would you rate the following aspects?

Relevance of Content

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

Facilitator's Effectiveness

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

Materials Provided

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

Overall Satisfaction

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

Most valuable part of the program

Suggestions for improvement

Additional comments

Thank you for taking the time to complete this evaluation.