

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.