Gravic_RWSGravic, Inc.

Annual Conference in Malvern, PA

An Introduction to Remark

\*Intro!to!Remark\*

We would like to know the extent to which this workshop has met your expectations. Summary information of your responses will be shared with the Gravic leadership team and the presenter. Please return this evaluation to the person designated to collect them in your group. Thanks!

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I. Contents and Overall Satisfaction | | | | | | | | | | | | Strongly Agree | Agree | | Disagree | StronglyDisagree | | | Not Applicable | |
| 1. The title of the workshop accurately conveyed its content. | | | | | | | | | | | |  |  | |  |  | | |  | |
| 2. The description of the workshop accurately conveyed its content. | | | | | | | | | | | |  |  | |  |  | | |  | |
| 3. The content of the workshop was useful. | | | | | | | | | | | |  |  | |  |  | | |  | |
| 4. Given the time allowed, the amount of material covered was appropriate... | | | | | | | | | | | |  |  | |  |  | | |  | |
| 5. Overall, I am satisfied with this workshop. | | | | | | | | | | | |  |  | |  |  | | |  | |
| 6. I would recommend this workshop to my colleagues. | | | | | | | | | | | |  |  | |  |  | | |  | |
| II. Presenter | | | | | | | | | | | |  |  | |  |  | | |  | |
| 7. The presenter(s) is/are knowledgeable about the subject. | | | | | | | | | | | |  |  | |  |  | | |  | |
| 8. The presenter(s) presented the material in an organized way. | | | | | | | | | | | |  |  | |  |  | | |  | |
| 9. The handouts I received were useful. | | | | | | | | | | | |  |  | |  |  | | |  | |
| 10. Appropriate audiovisuals were used during the presentation. | | | | | | | | | | | |  |  | |  |  | | |  | |
| 11. I would strongly recommend the presenter to be invited to conduct this workshop again. | | | | | | | | | | | |  |  | |  |  | | |  | |
| III. Demographic Information | | | | | | | | | | | |  |  | |  |  | | |  | |
|  | | | | | | | | | | | |  |  | |  |  | | |  | |
| 13. | | How many conferences have you attended (including this one)? | | |  |  |  |  | 14. | What type of organization do you work for? (Mark all that apply.) | | | | | | | | |  | |
|  | |  |  | | |  |  |  |  |  | |  | | |  | | |  | | | | |
|  | |  | | This is my 1st | |  |  |  |  |  | Higher Education | | | | | | | | | |
|  | |  | | 2 – 3 | |  |  |  |  |  | K-12 Education | | | | | | | | | |
|  | |  | | 4 – 9 | |  |  |  |  |  | Non-Profit | | | | | | | | | |
|  | |  | | 10 – 14 | |  |  |  |  |  | Corporate | | | | | | | | | |
|  | |  | | 15 – 19 | |  |  |  |  |  | Healthcare | | | | | | | | | |
|  | |  | | 20 or more | |  |  |  |  |  | Other (please specify:\_\_\_\_\_\_\_\_) | | | | | | | | | |
|  | |  | |  | |  |  |  |  |  |  | | | | | | | | | |

**Turn Over Please**

**IV. Additional Comments** Please share with us below any additional comments or suggestions on how to improve this workshop.