## Gravic_RWS **WORKSHOP FEEDBACK FORM**

# Please take a few moments to provide us with some important feedback about your professional development workshop. This information will be used to improve and select future workshops.

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| IMPORTANT! This document will be scanned for data entry. Please fill in the circle next to your selection like this: ● |

**Workshop # 101**

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| --- |
| 1. Of the following considerations, please select up to **three** (3) that were most important in your decision to attend this workshop. |
| Person facilitating the workshop |
| Cost (workshop fee) |
| Date and time of workshop |
| Workshop topic |
| Length of the workshop (1/2 day, full day, 2 day) |
| Description of teaching/learning methods to be employed |
| Other (please specify)­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- | --- | --- |
| 2. Please indicate the extent to which you agree or disagree with the following statements (mark NA if the statement is not applicable): |  |  Strongly Disagree | Neither Agree  nor Disagree | Strongly Agree | NA |
|  |  |  |  |  |  |  |  |
| 1. The facilitator(s) were well organized.
 |  |  |  |  |  |  |  |
| 1. The facilitator(s) made good use of the time allotted.
 |  |  |  |  |  |  |  |
| 1. The facilitator(s) seemed knowledgeable about the topic.
 |  |  |  |  |  |  |  |
| 1. The facilitator(s)’ style was effective in helping me learn.
 |  |  |  |  |  |  |  |
| 1. The teaching methods used were appropriate for the audience.
 |  |  |  |  |  |  |  |
| 1. The materials provided will be useful to me.
 |  |  |  |  |  |  |  |
| 1. I enjoyed the workshop.
 |  |  |  |  |  |  |  |
| 1. I understood the concepts as presented in the workshop.
 |  |  |  |  |  |  |  |
| 1. The workshop improved my understanding of the topic.
 |  |  |  |  |  |  |  |
| 1. The workshop improved my ability to use skills related to the topic.
 |  |  |  |  |  |  |  |
| 1. The knowledge and skills I learned will be useful to me in my job.
 |  |  |  |  |  |  |  |
| 1. I would recommend this workshop to others.
 |  |  |  |  |  |  |  |
| 1. I would attend other workshops offered by these facilitator(s).
 |  |  |  |  |  |  |  |

3. Please share any other comments you have regarding this workshop.

### Thank you. Please return this form by placing it in the envelope provided to the facilitator.