

Activity Evaluation Form

Title of Workshop: _____

Location of Workshop: _____

Date: _____ Time: _____

Name of Presenter: _____

Please help us improve future activities by completing this application form.
We appreciate your comments. ThankYou!!!

	Very Low 1 being the lowest and 5 being the highest					Very High
1. Relevant to your needs	1	2	3	4	5	NA
2. The presenter was organized	1	2	3	4	5	NA
3. Participants were allowed to interact and communicate with the presenter	1	2	3	4	5	NA
4. Information was appropriate to the workshop title	1	2	3	4	5	NA
5. Presenter was articulate and easily understood	1	2	3	4	5	NA
6. My overall reaction to the workshop was	1	2	3	4	5	NA
7. Would you like to have this speaker return on another occasion?	_____					_____
	Yes					No

What did you like best about this workshop? _____

What did you enjoy the least about this workshop? _____
