

## 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
2. The presenter was organized	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
3. Participants were allowed to interact and communicate with the presenter	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
4. Information was appropriate to the workshop title	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
5. Presenter was articulate and easily understood	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
6. My overall reaction to the workshop was	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
7. Would you like to have this speaker return on another occasion?	<input type="checkbox"/> Yes		<input type="checkbox"/> No			

What did you like best about this workshop? \_\_\_\_\_

\_\_\_\_\_

What did you enjoy the least about this workshop? \_\_\_\_\_

\_\_\_\_\_