

WORKSHOP EVALUATION FORM

Activity Title:		Resource Person		
Date and Time:		Venue		
Help us improve the way we hold workshops by accomplishing this form.				
Please use the rating	scale indicated below:			
4 – Outstanding	3 – Very Good	2 – Fair	1 – Poor	0 – Not applicable
		Ī	4 3 2 1 0	Topic/s to Request
Content				
Scope and coverage of topic/s Depth of discussion Relevance or applicability of content to work or concerns				
Program Scheduling			Speaker/s to Suggest	
Time duration or allotment for each activity or topic				, , , , , , , , , , , , , , , , , , , ,
Sequence of activity or topic OOOO Duration of entire program				
Venue OOOO				
Learning Aids				Other Comments
Handouts (print and electronic) are relevant and adequate				
Visual Laboratory exerc				
Resource Person				
		Mastery of topic		
Communication skills				
Ability to address questions and clarifications				
Presentation techniques and methodology				
Impact and rapport with participants				
Participation				
	Interaction between par	ticipants and speakers		
	Interaction	on among participants	0000	

Thank you for evaluating our activity.