

Workplace Wellness Program Evaluation Form

Program Name

Date

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Instructor

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Name of Immediate Supervisor

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Thank you for your interest in our health promotion offering. To maintain quality programs, we would like you to complete the following evaluation. Simply select your responses below. Please answer honestly and comment freely. Additional comments can be written on the back of this form. Thank you.

	Strongly Agree				Strongly Disagree
	5	4	3	2	1
The Program					
Information presented was helpful					
Presented new information					
Was what you expected					
Handouts and materials were useful					
Length was sufficient					

Comments

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What would you suggest to improve this program?

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List any new programs you would like to see offered in the future.

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How did you learn about this program?

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