

# Workshop Participant Feedback Form

Workshop Title: \_\_\_\_\_

Date: \_\_\_\_\_ Facilitator: \_\_\_\_\_

Your Name (optional): \_\_\_\_\_

Please rate the following statements:

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
The workshop objectives were clearly defined.	<input type="radio"/>				
The content was relevant and useful.	<input type="radio"/>				
The presenter communicated clearly.	<input type="radio"/>				
The activities and materials were helpful.	<input type="radio"/>				
The workshop met my expectations.	<input type="radio"/>				

What did you find most useful about this workshop?

What aspects could be improved?

Other comments or suggestions:

Thank you for your feedback!