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***WORKSHOP FEEDBACK FORM***

**How would you rate the overall effectiveness of this workshop?** [Please circle one]

**Poor Excellent**

1 2 3 4 5 6 7

**Why did you choose this rating?**

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**What did you find MOST USEFUL about the workshop?**

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**If you could have spent more time doing ONE thing in the workshop, what would that have**

**been and why?**

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**What could we do to IMPROVE the workshop overall?**

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**What, if any, challenges do you foresee as you begin to implement what you learned today in communicating with public audiences?** .......................................................................................................................................................... .......................................................................................................................................................... .......................................................................................................................................................... ..........................................................................................................................................................

**How would you RATE the following components of the professional development workshop? (Please check one box in each row and indicate the reasons for your rating.)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Workshop Component** | **Poor**  **1** | **Fair**  **2** | **Good**  **3** | **Very Good**  **4** | **Excellent**  **5** | **N/A** |
| Overall organization and structure |  |  |  |  |  |  |
| Overall content |  |  |  |  |  |  |
| Materials and resources provided |  |  |  |  |  |  |
| Duration and length of workshop |  |  |  |  |  |  |
| Date and time of workshop |  |  |  |  |  |  |
| Opportunities to interact with colleagues |  |  |  |  |  |  |
| Usefulness of workshop for your future work |  |  |  |  |  |  |
| Workshop overall |  |  |  |  |  |  |
| Workshop instructor(s) |  |  |  |  |  |  |

**Any other comments?**

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