******

***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?**

..........................................................................................................................................................

..........................................................................................................................................................

..........................................................................................................................................................

..........................................................................................................................................................

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

..........................................................................................................................................................

..........................................................................................................................................................

..........................................................................................................................................................

..........................................................................................................................................................

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

**been and why?**

..........................................................................................................................................................

..........................................................................................................................................................

..........................................................................................................................................................

..........................................................................................................................................................

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

..........................................................................................................................................................

..........................................................................................................................................................

..........................................................................................................................................................

..........................................................................................................................................................

**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?**

..........................................................................................................................................................

..........................................................................................................................................................

..........................................................................................................................................................

..........................................................................................................................................................