

## FDP/Workshop Evaluation Form

Your feedback is critical for the department to ensure that we are meeting your educational needs. We would appreciate if you could take a few minutes to share your opinions with us so we can serve you better.

**Please return this form to the instructor or organizer at the end of the workshop. Thank you.**

**5: Strongly Agree; 4: Agree to a large extent; 3: Agree; 2: Disagree; 1: Strongly Disagree**

Workshop title: \_\_\_\_\_

Date: \_\_\_\_\_ Instructor: \_\_\_\_\_

	<b>Strongly disagree</b>				<b>Strongly agree</b>
1. The content was as described in brochure	1	2	3	4	5
2. The workshop was applicable to my area of interest	1	2	3	4	5
3. I will recommend this workshop to others	1	2	3	4	5
4. The program was well paced within the allotted time	1	2	3	4	5
5. The instructors were good communicators	1	2	3	4	5
6. The material was presented in an organized manner	1	2	3	4	5
7. The instructors were knowledgeable on the topics	1	2	3	4	5
8. The workshop improved my understanding of the topics	1	2	3	4	5
9. I understood the concepts presented in the workshop	1	2	3	4	5
10. The workshop improved my ability to utilize skills related to the topic.	1	2	3	4	5
11. The knowledge and skills I learned will be useful to me in my professional career.	1	2	3	4	5
12. I would recommend this workshop to others.	1	2	3	4	5
13. I would attend other workshops offered by these facilitator(s) in future	1	2	3	4	5
14. I would be interested in attending a follow-up, more advanced workshop on this same subject	1	2	3	4	5
15. Given the topic, was this workshop:					
<input type="checkbox"/> a. Too short					
<input type="checkbox"/> b. Appropriate in length					
<input type="checkbox"/> c. Too long					
16. In your opinion, was this workshop:					
<input type="checkbox"/> a. Introductory					
<input type="checkbox"/> b. Intermediate					
<input type="checkbox"/> c. Advanced					

17. Please rate the following:

	Excellent	Very Good	Good	Fair	Poor
a. Visuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- |    |                     |                          |                          |                          |                          |                          |
|----|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| b. | Acoustics           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | Handouts            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | The program overall | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

18. What did you most appreciate/enjoy/think was best about the course?

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19. Any suggestions for improvement?

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**Future Needs**

20. I would be able to do my work better if I knew more about \_\_\_\_\_

21. Please describe two topics you would like to learn more about in the next 12 months:

Topic 1: \_\_\_\_\_

Preferred level:

- a. Introductory
- b. Intermediate
- c. Advanced

Preferred format:

- a. Seminar/workshop (how many days? \_\_\_\_\_)
- b. Self-study materials
- c. Other: \_\_\_\_\_

Topic 2: \_\_\_\_\_

Preferred level:

- a. Introductory
- b. Intermediate
- c. Advanced

Preferred format

- a. Seminar/workshop (how many days? \_\_\_\_\_)
- b. Self-study materials
- c. Interactive distance learning (i.e., Web-based)
- d. Other: \_\_\_\_\_

**Thank you!**

**Please return this form to the instructor or coordinator at the end of the workshop.**