

Workplace Assessment of Training Performance

Workshop Title: _____

Presenter: _____

Date: _____

Please answer the following questions as honestly as possible. Your feedback is very important to us and will assist with the planning of future workshops. Please respond to the following statements regarding your workshop experience by checking the box that best corresponds with your attitude towards the statement.

Statement	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
1. Workshop outcomes were clearly stated.				
2. The workshop was relevant to my needs and interest.				
3. The workshop was well organized and effectively managed.				
4. The presenter was prepared and knowledgeable.				
5. The presenter was able to clearly answer questions.				
6. The materials, supplies, visual aids and handouts provided during the workshop were useful.				
7. The time allotted for this workshop was appropriate.				

8. What were the strong features of this workshop?

9. What would make this workshop more effective?

10. What skills, ideas, or activities were most relevant to you?

11. As a direct result of this workshop I am going to

Please use the space below to write additional comments and suggestions regarding this workshop. If you need more space, please use the back of this page.