

Title of Session: _____

Date: _____

Location: _____

Participant Evaluation

Your opinion is important to us!! Please complete this brief survey before leaving. The information will be summarized as a group and any individual information will be kept confidential. Your feedback will be used to plan future programs!! Thank you!!

Please rate the following statements on a scale of 1 - 5 with 5 being strongly agree and 1 being strongly disagree.

	Strongly Agree	Agree	Neutral	Dis- Agree	Strongly Disagree
	5	4	3	2	1
Attending this session was beneficial	5	4	3	2	1
The information was helpful	5	4	3	2	1
The instructor was well-prepared	5	4	3	2	1
The instructor seemed knowledgeable	5	4	3	2	1
The teaching methods were appropriate	5	4	3	2	1
The use of audio-visual equipment was beneficial	5	4	3	2	1
The handouts were helpful	5	4	3	2	1
The room was comfortable	5	4	3	2	1
I would recommend this program to others	5	4	3	2	1

What information was the most helpful? _____

What information was the least helpful? _____

If you could change one thing about the session to make it better, what would it be: _____

What other programs would you be interested in attending? _____

What is the best time and day of the week for sessions?

ADDITIONAL COMMENTS: