Date: ________________________________

Your opinion is very important to our quality improvement plan. Please take a few minutes to complete this evaluation. Please circle the value that corresponds best to your opinion.

**Workshop Facility**

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Room contributed to the learning environment

Seating adequate (could see board, instructor, etc.)

Could hear instructor properly

Room temperature:

Room location (easy to get to, find, etc.)

**Instructor/Course Feedback**

Please circle the value that corresponds best to your opinion.

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Please rate this workshop overall

Course objectives were clear

Instructor communicates clearly

Effective use of training supplies & equipment

Course length was appropriate for material covered

Support materials and handouts were helpful

I felt free to ask questions, disagree, and express my ideas

I will be able to use the knowledge I have gained in my job

What did you like most about the presentation? __________________________________________________________

___________________________________________________________________________________________________

What could we improve? ______________________________________________________________________________

___________________________________________________________________________________________________

Additional Comments   ________________________________________________________________________________

Name (Optional): __________________          Telephone (Optional): ________________