

Workshop / Training Evaluation Form:

CLASS NAME:

DATE:



How did you hear about the workshop? Please circle one.

IESS Email PNWS E Newsletter Water Matters Webpage Supervisor/coworker
Other (Please specify) _____

Why did you attend today's workshop? Circle all that apply.

Convenient location Need CEU's Interested in topic New & Different Refresher Course
Other (please specify) _____

What did you enjoy most from this workshop?

What did you enjoy least from this workshop?

Suggestions for improvement, or future topics:

Would you return to attend future workshops? Yes No
Why or why not?

Did this workshop meet your expectations? Yes No

Were you able to hear the instructor?	Yes	No	Most of the time
Were you able to see the screen or boards?	Yes	No	Most of the time
Were the handouts helpful?	Yes	No	Most of the time

Food and Facility:

Refreshments	Great	Good	Fair	Poor
Facility	Great	Good	Fair	Poor

Any further suggestions or comments, please write on back of this page.

Thank you for your response and comments. All comments help us develop better and more relevant training!!