**FEEDBACK FORM**

Activity Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Venue:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions**: This form is to seek your input regarding effectiveness of this Activity. For each of the statements below please check the most appropriate response in your experience

**Strongly Strongly**

**agree disagree**

1. The content was as described in publicity materials 1 2 3 4 5
2. The objective of the activity was achieved 1 2 3 4 5
3. I recommend this workshop to colleagues 1 2 3 4 5
4. The activity improved my knowledge/skills 1 2 3 4 5
5. I would be interested in attending a follow-up workshop 1 2 3 4 5

**Future Needs**

1. Please describe the top two topics you would like to learn more about:

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

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

**Thank you!**

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