



# Participant and Program Evaluation

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Please help us to continuously improve our programs and their fit to your organization by completing the evaluation below. *(Please tick the answer which most applies).*

Facilitator	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Company	<input type="text"/>
Email	<input type="text"/>	Course	<input type="text"/>

## A. Start with evaluating yourself: how did you do as a participant?

1. How well do you think YOU participated on the program?

- Well     OK     Not well

2. How fully did you meet your own objectives for the program?

- I exceeded my objectives     I met my objectives     I did not meet my objectives

## B. Applying the material

3. How relevant was the material to help you to do your job better in the future?

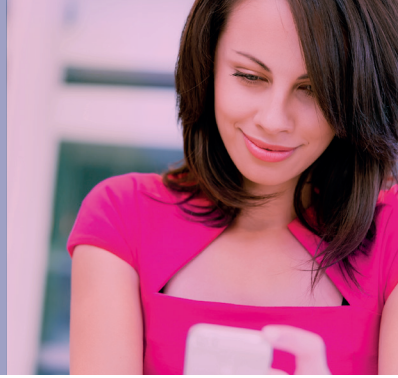
- Almost all of it was relevant     Much of it was relevant  
 Some of it was relevant     Very little of it was relevant

4. When I apply this learning, the benefit to me personally will be:

5. When I apply this learning, the benefits to my organization will be in the areas of:

*(quantify savings/improvements if you can)*

Please complete both sides of this sheet.



## C. Facilitation & Design

6. The quality of the facilitator was:

	Excellent	Above Average	OK	Below Average	Poor
Ability to encourage participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subject knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsiveness to participant needs/questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. The program length, and opportunity to practice and discuss was:

Not enough       Just right       Too long

## D. Facilities

8. How would you rate the training room /location and facilities?

Excellent       Very good       Good       Ok       Low

## E. General comments

9. Overall, my satisfaction with the program was:

Excellent       Very good       Good       Ok       Low

10. What would you like to see done differently – additions, eliminations, changes – to improve the learning value of this program?

11. Any general comments on the program:

May we use your comments anonymously on our marketing materials?       Yes       No

*Thank you, we appreciate your feedback*