## OVERALL WORKSHOP EVALUATION FORM

(Optional) Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male/female (circle one) Functional title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duty station or office location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workshop dates: (Day, month, year)

Venue: (Institute or hotel, city, country)

*Please answer the following questions at the end of the workshop*

**Please circle to what extent you agree or disagree with the following statements:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly agree** | **Agree** | **Neither agree nor disagree** | **Disagree** | **Strongly disagree** |
| 1. The subject matter was adequately covered | 5 | 4 | 3 | 2 | 1 |
| 1. Content was suitable for my background and experience | 5 | 4 | 3 | 2 | 1 |
| 1. The programme was well paced | 5 | 4 | 3 | 2 | 1 |
| 1. Handouts were relevant | 5 | 4 | 3 | 2 | 1 |
| 1. Participants were encouraged to take an active part | 5 | 4 | 3 | 2 | 1 |
| 1. The programme met my individual objectives | 5 | 4 | 3 | 2 | 1 |
| 1. The programme was relevant to my job | 5 | 4 | 3 | 2 | 1 |
| 1. I would recommend this programme to my colleagues | 5 | 4 | 3 | 2 | 1 |

**Please rate the following, as applicable**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Aspect to be evaluated: | Very good | Good | Average | Poor | Very poor |
| 1. Training/facilitation methods | 5 | 4 | 3 | 2 | 1 |
| 1. Small group exercises | 5 | 4 | 3 | 2 | 1 |
| 1. PowerPoint presentation/video | 5 | 4 | 3 | 2 | 1 |
| 1. Meeting space | 5 | 4 | 3 | 2 | 1 |
| 1. Meals/refreshments | 5 | 4 | 3 | 2 | 1 |
| 1. Overall organisation | 5 | 4 | 3 | 2 | 1 |

1. Was the event length: correct? too short? too long?
2. Were there: just enough participants? too few? too many?
3. Which, if any, subjects received too much or too little time?

|  |
| --- |
| Too much: |
|  |
|  |
|  |
| Too little: |
|  |
|  |
|  |

1. Do you have any suggestions that you feel could improve this training?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

1. Do you have any other comments?

|  |
| --- |
|  |
|  |
|  |
|  |

1. What is your overall rating of this course?

Excellent Good Average Bad Terrible

Please return this form to the event coordinator at the end of the workshop.