

Workshop Evaluation Form

Safe Hygiene, Health Requirements in Massage and Relaxation Services

Scan QR Code for Online Submission



Personal Information

_____ :Name

_____ :Company Name

_____ :Contact Number

_____ :Email Address

Evaluation

Rating from 1 (Poor) to 5 (Excellent)

?How satisfied are you with the workshop content .1

5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐

?How do you rate the trainer's performance .2

5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐

?How useful were the materials provided .3

5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐

?How do you rate the overall organization .4

5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐

?Can you apply what you learned in your work .5

5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐

?Would you recommend this workshop to others .6

5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐

Suggestions and Comments

نظام تقييم ورش العمل • Workshop Evaluation System