Event feedback

**(Please complete in BLOCK LETTERS)**

|  |  |
| --- | --- |
| Names of Facilitators: |  |
| Name of Event | Bandwidth management and optimisation Policy development |
| Place and Date |  |

This form can be completed anonymously, but if you include your details, the information you provide may be used in internal and/or external reports and publications. However, if using specific quotations please be assured that the contributor will not be identified and your survey response will be treated confidentially.

What were your personal objectives in attending this event?

Were your objectives met? If not, why?

Was the event useful to you? If not, why?

What were the ***most*** useful sessions/activities?

What were the ***least*** useful sessions/activities?

Did we omit any areas that you would have liked us to include? Please, indicate.

Were any sessions too short or too long? Please, identify.

Overall Event Evaluation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No | A little | Some/ Slightly | Most/ Partially | All/  A lot |
| Where applicable: | 1 | 2 | 3 | 4 | 5 |
| Were the aims/objectives of the event met? |  |  |  |  |  |
| Were the materials useful? |  |  |  |  |  |
| Were the presentations appropriate? |  |  |  |  |  |
| Were the exercises appropriate? |  |  |  |  |  |
| Were the handouts appropriate? |  |  |  |  |  |
| Are you happy with the event facilitation? |  |  |  |  |  |
| Was the event well organised? |  |  |  |  |  |
| Will the event help you in your work? |  |  |  |  |  |
| Is the event content useful to others in your institution? |  |  |  |  |  |
| Are you able to pass on what you have learned? |  |  |  |  |  |

What could we do to improve the event (e.g. organisation, materials, content, methods, and facilitation)?

All of the core event materials (including detailed facilitators notes) will be available for free on the INASP website. If some or all of the units would be useful to others in your institution, what additional support (if any) would you need to use them?

When you return to work, will you do anything differently as a result of participating in the event?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Nothing | Few things | Some things | Most things | Everything |
| 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |

If applicable, please specify what you think you will do differently as a result of participating in the event, (no matter how small). This may include activities you will start doing, activities you will do differently and activities you will stop doing.

We would like to contact you in a few months to see if you have been able to make the changes you indicated. Would you be happy to be contacted for this follow-up study?

|  |  |  |
| --- | --- | --- |
| Yes |  | No |

If you answer yes, please be sure to include your name and email below.

About yourself:

Your name (optional):

Your email (optional):

Your institution (optional):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your gender |  | Male |  | Female |

What is your primary role (circle only one):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Editor |  | Information specialist |  | Researcher |  | ICT specialist |  | Other (please specify): |

What secondary roles do you perform (circle as many as are applicable)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Editor |  | Information specialist |  | Researcher |  | ICT specialist |  | Other (please specify): |

**Please return this form to the event administrator before you leave**

Thank you for your feedback!