

SAMPLE WORKSHOP EVALUATION QUESTIONNAIRE

Workshop Name: Baker

Training Location: BBConf 2018

Participant Name (optional): _____

Date: 22-nd November, 2018

Job Title: _____

Years in present position? < 1 1-3 3-5 5+

INSTRUCTIONS

Please circle your response to the items. Rate aspects of the workshop on a 1 to 5 scale:

1 = "Strongly disagree," or the lowest, most negative impression

3 = "Neither agree nor disagree," or an adequate impression

5 = "strongly agree," or the highest, most positive impression

Choose N/A if the item is not appropriate or not applicable to this workshop. Your feedback is sincerely appreciated. Thank you.

WORKSHOP CONTENT (Circle your response to each item.)

1=Strongly disagree 2=Disagree 3=Neither agree nor disagree 4=Agree 5=Strongly agree
N/A=Not applicable

- | | | | | | | |
|---|---|---|---|---|---|-----|
| 1. I was well informed about the objectives of this workshop. | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. This workshop lived up to my expectations. | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. The content is relevant to my job. | 1 | 2 | 3 | 4 | 5 | N/A |

WORKSHOP DESIGN

 (Circle your response to each item.)

- | | | | | | | |
|--|---|---|---|---|---|-----|
| 4. The workshop objectives were clear to me. | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. The workshop activities stimulated my learning. | 1 | 2 | 3 | 4 | 5 | N/A |

- | | | | | | | | |
|----|---|---|---|---|---|---|-----|
| 6. | The activities in this workshop gave me sufficient practice and feedback. | 1 | 2 | 3 | 4 | 5 | N/A |
| 7. | The difficulty level of this workshop was appropriate. | 1 | 2 | 3 | 4 | 5 | N/A |
| 8. | The pace of this workshop was appropriate. | 1 | 2 | 3 | 4 | 5 | N/A |

WORKSHOP INSTRUCTOR (FACILITATOR) (Circle your response to each item.)

- | | | | | | | | |
|-----|-----------------------------------|---|---|---|---|---|-----|
| 9. | The instructor was well prepared. | 1 | 2 | 3 | 4 | 5 | N/A |
| 10. | The instructor was helpful. | 1 | 2 | 3 | 4 | 5 | N/A |

WORKSHOP RESULTS (Circle your response to each item.)

- | | | | | | | | |
|-----|--|---|---|---|---|---|-----|
| 11. | I accomplished the objectives of this workshop. | 1 | 2 | 3 | 4 | 5 | N/A |
| 12. | I will be able to use what I learned in this workshop. | 1 | 2 | 3 | 4 | 5 | N/A |

SELF-PACED DELIVERY (Circle your response to each item.)

- | | | | | | | | |
|-----|---|---|---|---|---|---|-----|
| 13. | The workshop was a good way for me to learn this content. | 1 | 2 | 3 | 4 | 5 | N/A |
|-----|---|---|---|---|---|---|-----|

14. How would you improve this workshop? (Check all that apply.)

- ☐ Provide better information before the workshop.
- ☐ Clarify the workshop objectives.
- ☐ Reduce the content covered in the workshop.
- ☐ Increase the content covered in the workshop.
- ☐ Update the content covered in the workshop.
- ☐ Improve the instructional methods.
- ☐ Make workshop activities more stimulating.
- ☐ Improve workshop organization.
- ☐ Make the workshop less difficult.
- ☐ Make the workshop more difficult.

How would you improve this workshop (cont'd)

- ☐ Slow down the pace of the workshop.
- ☐ Speed up the pace of the workshop.
- ☐ Allot more time for the workshop.
- ☐ Shorten the time for the workshop.
- ☐ Improve the tests used in the workshop.
- ☐ Add more video to the workshop.

15. What other improvements would you recommend in this workshop?

16. What is least valuable about this workshop?

17. What is most valuable about this workshop?

Are you interested in receiving other educational materials/workshops from [your organization or partner name here] or e-mail updates about this project?

Yes No

If so, please write your name, address, e-mail, phone number, and the subject(s) and grade level(s) you work with most.