**Generic Training/ Workshop Evaluation Form (Questionaire)**

Your feedback is critical. We would appreciate if you could take a few minutes to share your opinions with us so we can serve you better. Please select the rating based on the following criteria: **5=excellent 4=good 3=average 2=fair 1=poor** and return this form to the instructor or organizer.

**Workshop title: *Capacity Building for local CSOs on Institutional and organizational strengthening***

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Facilitator(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the trainer(s)/instructor(s) on the following:**

1. Knowledge of the subject matter. 5 4321
2. Ability to explain and illustrate concepts. 5 4321
3. Ability to answer questions completely. 5 4321
4. What specifically did the trainer do well?

**Please rate the content and structure of the training:**

1. The knowledge gained was useful and will impact my work. 5 4321

1. The training sessions were well structured 5 4321
2. The training objectives for each topic were identified & met. 5 4321
3. The materials distributed were pertinent and useful 5 4321
4. Given the topic, was this workshop: ❑ a. Too short ❑ b. Right length ❑ c. Too long
5. In your opinion, was this workshop: ❑ a. Introductory ❑ b. Intermediate ❑ c. Advanced

# Please rate the following:

Excellent Very Good Good Fair Poor

1. Visuals ❑ ❑ ❑ ❑ ❑
2. Acoustics ❑ ❑ ❑ ❑ ❑
3. Meeting space ❑ ❑ ❑ ❑ ❑
4. Handouts ❑ ❑ ❑ ❑ ❑
5. The program overall ❑ ❑ ❑ ❑ ❑
6. Logistics for the event ❑ ❑ ❑ ❑ ❑
7. Was this training appropriate for your level of experience? Yes No  
   If you said “No” to #6, please explain:
8. How do you rate the training overall?

Excellent Good Average Poor

5 4 3 1

1. What did you most appreciate/enjoy/think was best about the course? Any suggestions for improvement?
2. What recommendations for improvement do you have? (other comments)