Evaluation Form

*Presenter*

Please rate 1=strongly agree, 2=agree, 3=neutral, 4=disagree, 5=strongly disagree

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| The presenter held my attention during the workshop |  |  |  |  |  |
| The time management worked out well |  |  |  |  |  |
| The presentation was clear and I understood the topics |  |  |  |  |  |
| The event was well organized. |  |  |  |  |  |
| Presenter/participant interactions went well |  |  |  |  |  |
| The presenter was responsive to questions |  |  |  |  |  |

*Workshop*

1. What was great?

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2. What can be improved?

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3. Was this what you expected? Which further topics are you interested in?

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4. Why did you visit this workshop?

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**Thank you for participating and giving valuable feedback!**