



Workshop Evaluation Questionnaire - Simple

**DO NOT WRITE YOUR NAME ON THIS FORM. WRITE COMMENTS IN ENGLISH OR SPANISH.
HAND THIS IN TO GET YOUR CERTIFICATE.**

Location: _____

Date: _____

Please RATE these course aspects.	Poor	Fair	Good	Excellent
Format/Agenda	1	2	3	4
Length of workshop	1	2	3	4
Scheduling of workshop	1	2	3	4
Timeliness of information	1	2	3	4
Relevance to my concerns or work	1	2	3	4
Opportunity to ask questions	1	2	3	4
Interactions among participants and presenters	1	2	3	4
Knowledge of the speakers	1	2	3	4
Handouts and resources in the package	1	2	3	4
Overheads used	1	2	3	4
Cultural and social aspects of diabetes	1	2	3	4
The workshop site and environment	1	2	3	4

2. TO WHAT EXTENT	Not at all	Somewhat			Completely
Do you think these objectives were met?					
1.	1	2	3	4	5
2.	1	2	3	4	5
3	1	2	3	4	5
4	1	2	3	4	5
Did the workshop meet your expectations?	1	2	3	4	5
Would you attend a similar workshop again?	1	2	3	4	5

What was something important that you learned today?

What did you like the most about this workshop?

What did you like the least about this workshop?

Please write your comments: