Title of course/workshop: ______________________________________________________________

Presenter(s):________________________________________________________________________

Date: ____________________________

1. To what extent do you feel the goals/objectives for this course/workshop were accomplished? (circle the appropriate number)
   NOT AT ALL < 1 2 3 4 5 6 7 > COMPLETELY

   Comments:

2. How would you rate the overall effectiveness of the instructor(s)—preparation, style, methods, rapport—for this course/workshop? (circle the appropriate number)
   INEFFECTIVE < 1 2 3 4 5 6 7 > VERY EFFECTIVE

   Comments:

3. To what extent did this course/workshop provide you with useful ideas which you expect to apply to your own professional / personal situation? (circle appropriate number)
   NO USEFUL IDEAS < 1 2 3 4 5 6 7 > SEVERAL USEFUL IDEAS

   Comments:

4. What suggestions do you have for improving this course/workshop?

5. In retrospect, would you still choose to attend this course/workshop? (circle one response)
   YES   NO   MAYBE

6. What, if any, suggestions do you have for additional courses/workshop which might be organized in the future?

You may use the back of this form if you have additional comments, suggestions or constructive criticism.