

EVALUATION FORM

Title:

Facilitators: **Date:**

WERE THESE LEARNING OBJECTIVES ACHIEVED?	Yes	Mostly	A little	Hardly	No
<i>Would you agree with the following statements:</i>					
(1) The facilitators were skilled and effective.					
(2) The presentation of the workshop met your demands.					
(3) You gained new knowledge and skills.					
(4) The workshop was relevant to your work/studies/life.					
(5) The training room facilities were acceptable.					
(6) The materials and handouts were acceptable.					
(7) You would recommend this workshop.					

PTO

Number of Participants:

Number of Responses:

- *We are committed to training that is fair and equal to all. In what ways could our awareness and practice be improved?*

- *Which aspects of this training did you find most helpful?*

- *Which aspects of this training did you find least helpful?*

- *We would welcome any other comments or suggestions on how this training might improve.*

- *Where did you see this Workshop advertised?*

Workshop Check List

<i>The facilitator enabled the following:</i>	YES	PARTLY	NO
1. set up a clear contract (timetable, breaks, clarification of special needs, facilities, emergency exit, etc.)			
2) emphasised that this is a workshop and not therapy, ensuring participants' safety and well-being			
3) underlined the confidential nature of the workshop			
4) offered permission for participants to take time out, if necessary			
5) stated what the learning objectives were and checked the workshop was meeting them			
6) ensured that the group awareness was adequately paced and managed:			
7) provided an adequate ending at the time stated on the programme			
8) Evaluation sheets & certificates sent electronically after the workshop			
9) Observations:			

Number of Participants:

Number of Replies: