



FACULTY OF
HEALTH SCIENCE

Department of Rural Health

WORKSHOP EVALUATION

Thank you for attending the workshop. To evaluate the effectiveness of the workshop, we ask for your assistance in completing this evaluation. Your feedback and comments will help shape and strengthen future workshops.

Workshop Title:	_____
Workshop Date:	_____
Presenter:	_____
Workshop Venue:	_____

Name (optional):	_____		
Occupation:	_____		
I am a	<input type="checkbox"/> PhD student	<input type="checkbox"/> Master student	<input type="checkbox"/> Masters (prelim) student

	Strongly Disagree				Strongly Agree
The workshop met my expectations :- personally	1	2	3	4	5
professionally	1	2	3	4	5
The format was easy to follow	1	2	3	4	5
Individual help was available	1	2	3	4	5
The venue was suitable	1	2	3	4	5
The presenter was clear and informative	1	2	3	4	5
What did you most like about the workshop?	_____				

What did you least like about the workshop?	_____				

Any further comments?	_____				

