Education Feedback Form

Participant Details

Name: _____

Program Attended: _____

Date of Program: _____

Feedback Questions

1. **Was the course material relevant and helpful?**

   [ ] Yes [ ] No

   Comments: _____

2. **How would you rate the instructor's effectiveness?**

   [ ] Excellent [ ] Good [ ] Average [ ] Poor

   Comments: _____

3. **Were your learning objectives met?**

   [ ] Yes [ ] No

   Comments: _____

4. **Suggestions for improvement:**

Final Thoughts

[ ] I would recommend this program to others.

Signature: _____

Date: _____