**Activity Feedback Evaluation Form**

**Event and Participant Information
Activity Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Instructor/Facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Activity: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_
Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **Activity Assessment**

**Rate the following aspects on a scale from 1 to 5 (1 = Poor, 5 = Excellent)**

| **Evaluation Criteria** | **1** | **2** | **3** | **4** | **5** |
| --- | --- | --- | --- | --- | --- |
| **Quality of the Content** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Instructor’s Effectiveness** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Usefulness of Materials** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Relevance to Your Interests** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Opportunity for Interaction** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Overall Satisfaction** | **☐** | **☐** | **☐** | **☐** | **☐** |

**Feedback Section
What was the most valuable part of the activity?**

**What improvements do you suggest?**

**Would you recommend this activity to others?
☐ Yes ☐ No**

**Additional Comments**

**Participant’s Signature
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_**