

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructor's Effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness of Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance to Your Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity for Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: ____ / ____ / _____