

Workshop Feedback Questionnaire

Thank you for participating in our workshop. Please take a few moments to fill out this feedback form. Your responses are highly appreciated and will help us improve future sessions.

General Information

Workshop Title:

Date:

Facilitator(s):

Participant Name (Optional):

Content and Delivery

The workshop objectives were clear. (Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree):

The content was relevant to my needs. (Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree):

The facilitator was well-prepared and helpful. (Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree):

The pace of the workshop was appropriate. (Too Fast / Just Right / Too Slow):

Overall Experience

How would you rate your overall experience? (Excellent / Good / Average / Poor):

Open-Ended Comments

What did you find most valuable about this workshop?

What areas of the workshop could be improved?

What other workshop topics would you be interested in attending in the future?

Additional comments or feedback: