

PLEASE RESPOND TO THE QUESTIONS BY CHECKING THE NUMBER BEST DESCRIBING YOUR EVALUATION

PROGRAM: _____ DATE: _____

YOUR PROFESSION: _____

	VERY SATISFIED 4	SATISFIED 3	SOMEWHAT SATISFIED 2	NOT SATISFIED 1	NOT APPLICABLE NA
1. ORGANIZATION					
2. MY PERSONAL LEARNING OBJECTIVE WAS MET					
3. MEETING ROOM / FACILITIES					
4. LIGHTING					
5. ROOM TEMPERATURE					
6. SEATING					
7. REFRESHMENTS / MEALS					
8. PARKING					
9. TIMING AND LENGTH OF BREAKS					
10. OVERALL QUALITY OF THE PROGRAM					

COMMENTS: _____

COMMENTS & SUGGESTIONS

1. WHAT WERE THE STRENGTHS OF THE PROGRAM?

2. WHAT WERE THE WEAKNESSES OF THE PROGRAM?

3. WHAT TOPICS SHOULD BE ADDED?...DELETED?

4. PLEASE INDICATE SUGGESTIONS FOR IMPROVEMENT OF THIS PROGRAM