ADD YOUR LOGO & ORGANIZATION NAME HERE

Program Title: <Prepopulate> Instructor: <Prepopulate>

Date of Program: <Prepopulate> Program ID: <Prepopulate>

Please rate your experience in the following areas:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| The program prepared me to meet the learning objectives |  |  |  |  |  |
| Content was well organized and presented |  |  |  |  |  |
| The instructor was knowledgeable |  |  |  |  |  |
| The instructor kept me engaged |  |  |  |  |  |
| This content is relevant to my job |  |  |  |  |  |
| The activities incorporated into the program will help me apply what I’ve learned |  |  |  |  |  |
| Overall, I’d rate this program Good to Excellent |  |  |  |  |  |

Which part of the program did you find the most valuable? (Check those that apply)

\_\_\_ Group discussion

\_\_\_ Group activities

\_\_\_ Use of Case Studies & relevant examples

\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were all of your questions answered? \_\_\_ Yes \_\_\_No

If No, what question(s) did you not have a chance to ask?

Additional comments and feedback?