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**Assessment 12-2**
**Evaluation Form**

Name (optional): \_\_\_\_\_

Company: \_\_\_\_\_

Course: \_\_\_\_\_

Instructor: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Instructions:** Answer the questions below. For questions 1 through 10, circle the appropriate number, using the following scale:

1 = Definitely No    2 = No    3 = Not Sure/Not Applicable    4 = Yes    5 = Definitely Yes

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|--|---|---|---|---|---|
| 1. Did you enjoy this workshop?  | 1 | 2 | 3 | 4 | 5 |
| 2. Did you obtain the information that you needed?   | 1 | 2 | 3 | 4 | 5 |
| 3. Will the handouts be valuable as job aids?  | 1 | 2 | 3 | 4 | 5 |
| 4. Do you feel that the information from this workshop will help improve your management skills?               | 1 | 2 | 3 | 4 | 5 |
| 5. Would you like to attend an advanced course on this topic?  | 1 | 2 | 3 | 4 | 5 |
| 6. Did the instructor know the subject matter?   | 1 | 2 | 3 | 4 | 5 |
| 7. Was the pacing of the class comfortable for you?  | 1 | 2 | 3 | 4 | 5 |
| 8. Were questions answered completely and clearly?   | 1 | 2 | 3 | 4 | 5 |
| 9. Did the instructor's presentation style keep your attention and interest in the subject matter?             | 1 | 2 | 3 | 4 | 5 |
| 10. Would you recommend this program to others?  | 1 | 2 | 3 | 4 | 5 |
| 11. What would you have liked more of in this program?   |   |   |   |   |   |
|  |   |   |   |   |   |
| 12. What would you have liked less of in this program?   |   |   |   |   |   |
|  |   |   |   |   |   |
| 13. What is one thing you learned in this program that you will be able to put into practice in the workplace? |   |   |   |   |   |
|  |   |   |   |   |   |
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