

8) Workshop Content Evaluation

Name of Workshop: _____ Date: _____

PRE WORKSHOP QUESTION:

1. What would you like to learn from this workshop today?

.....

2. How confident in your knowledge and skill in this area of work now?

<i>Not very confident</i>			<i>Neutral</i>				<i>Very confident</i>		
1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please make any notes that you wish about the workshop here:

POST WORKSHOP QUESTION:

<i>Stimulating</i>						<i>Boring</i>			
1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What did you like best about the Workshop?

.....

4. What did you like least about the Workshop?

.....

5. What did you learn from the Workshop?

.....

6. What did you not learn from the Workshop that you were expecting to learn?

.....

7. What do you think should be added to the Workshop?

.....

8. What do you think should be dropped from the Workshop?

.....

9. To what extent did the Workshop duplicate what you had learned previously

10. What are your views on the handouts issued? (Please Circle)

<i>Poor quality</i>					<i>Excellent quality</i>				
1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Please tick)

Too many
 Not at all relevant

Just right
 Satisfactory

Too few
 Very relevant

Any comments on the above ratings?

.....

11. What are your views on the visual aids used? (Please Circle)

<i>Too many</i>				<i>Just right</i>				<i>Too few</i>	
1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Will you recommend this workshop to other staff? (Please Circle)

<i>Definitely not</i>				<i>Neutral</i>				<i>Definitely Yes</i>	
1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RECOMMEND WORKSHOP TO OTHERS

13. Will you recommend this workshop to other staff?

<i>Will NOT recommend to anyone</i>					<i>I will recommend this workshop</i>				
1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. What did you learn from this workshop today?

.....

15. At the end of the day, how confident do you feel in your knowledge and skills in this area of work now?

<i>Not very confident</i>				<i>Neutral</i>				<i>Very confident</i>	
1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please feel free to make any other comments.

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Thank you for your time