Seminar Evaluation

Seminar Title:

Date: Time:

Please complete the following evaluation for the educational seminar you attended. Your feedback will help us evaluate the effectiveness of this program and allow to make improvements. **Your feedback is important for planning future programming**. Thank you.

4 = Strongly Agree 3 = Agree 2 = Disagree 1 = Strongly Disagree 0 = No opinion

Circle your response

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. The seminar met my expectations. | 4 | 3 | 2 | 1 | 0 |
| 2. The content was helpful. | 4 | 3 | 2 | 1 | 0 |
| 4. The format was enjoyable. | 4 | 3 | 2 | 1 | 0 |
| 5. The speaker had a good understanding of the topics. | 4 | 3 | 2 | 1 | 0 |
| 6. The handouts were helpful. | 4 | 3 | 2 | 1 | 0 |
| 7. The seminar was worth my time. | 4 | 3 | 2 | 1 | 0 |
| 8. The length of the seminar was appropriate. | 4 | 3 | 2 | 1 | 0 |
| 9. I recommend that the seminar be repeated for other activity professionals. | 4 | 3 | 2 | 1 | 0 |

What were the most useful aspects of the seminar?

What changes should be made to enhance/improve this program?

 Additional comments: