

Virtual Workshop Training Evaluation Form

Name

Email

Workshop Title

Date of Workshop

Overall Satisfaction

- ☐ 5
- ☐ 4
- ☐ 3
- ☐ 2
- ☐ 1

Workshop Content Quality

Instructor Effectiveness

Ease of Using Technology/Platform

What did you learn or find valuable in this workshop?

Suggestions for Improvement

Additional Comments

