

# Workshop Participant Feedback Questionnaire

## Personal Information

Name

Email

## Workshop Details

Workshop Title

Date

## Feedback

How would you rate the workshop overall?

- ☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5

What did you like most about the workshop?

What improvements would you suggest?

How do you rate the facilitator(s)?

- ☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5

Additional Comments



