

# Hands-On Activity Science Workshop Feedback

Name

Email

Workshop Title

Date

How would you rate the following aspects of the workshop?

Content Quality

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Presenter Effectiveness

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Hands-on Activities

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Organization

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

What did you learn from this workshop?

What did you like most about the workshop?

Suggestions for improvement:

Overall Experience

Would you recommend this workshop?

Signature

Date

