

Community Health Workshop Assessment Form

Participant Name

Email

Workshop Date

Location

Facilitator

Topics Covered

How would you rate the workshop overall?

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Poor

Which teaching methods were most effective?

- ☐ Presentations
- ☐ Group Discussion
- ☐ Activities
- ☐ Other

Suggestions for improvement

Additional Comments

