

Workshop Participant Feedback Form

Name

Email

Workshop Title

1. How would you rate the overall workshop experience?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

2. What did you like most about the workshop?

3. What aspects could be improved?

4. How did you find the facilitator(s)?

5. Any other comments or suggestions?