

Agri-Entrepreneurship Workshop Feedback Form

Name

Email

Organization/Institution

Role/Designation

Workshop Date

How satisfied are you with the following?

Content ☐ Excellent ☐ Good ☐ Average ☐ Poor

Facilitator(s) ☐ Excellent ☐ Good ☐ Average ☐ Poor

Organization ☐ Excellent ☐ Good ☐ Average ☐ Poor

What new skills or knowledge did you gain?

What could be improved?

How do you plan to apply what you have learned?

What topics would you like to see in future workshops?

Would you recommend this workshop to others?

☐ Yes ☐ No

Other Comments