

Workshop Feedback & Outcome Form

Your Name

Workshop Title

Date

Feedback

How satisfied were you with the workshop?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very dissatisfied

What did you find most useful?

Suggestions for improvement

Outcomes

New skills or knowledge gained

How will you apply what you learned?

