**Session Evaluation Form**

[Name of your institution]

**Participant Feedback for Workshops/Seminars/Meetings/Lectures**

**Presenter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please select your rating by putting a mark to the relevant box below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **5 – Very good** | **4 – Good** | **3 – Average** | **2 – Bad** | **1 – Very bad** |
| **The educational material** |  |  |  |  |  |
| 1. Was appropriate |  |  |  |  |  |
| 2. Was up to date |  |  |  |  |  |
| 3. Increased my knowledge/awareness |  |  |  |  |  |
| **The presenter** |  |  |  |  |  |
| 4. Established a safe atmosphere |  |  |  |  |  |
| 5. Was enthusiastic |  |  |  |  |  |
| 6. Was clear and understandable |  |  |  |  |  |
| 7. Confined to the time schedule |  |  |  |  |  |
| 8. Announced learning objectives and reached them |  |  |  |  |  |
| 9. Promoted thinking, discussion, and asking questions |  |  |  |  |  |
| 10. Respected participant opinions |  |  |  |  |  |
| 11. Used visual and auditory materials effectively |  |  |  |  |  |
| 12. Summarized important points |  |  |  |  |  |
| **Leaning condition** |  |  |  |  |  |
| 13. Was comfortable |  |  |  |  |  |

Please share your additional detailed opinions with us using the space below:

What I liked best from this session:…………………………………………………………………………………………………….

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What I learned from this session:.…………………………………………………………………………………………………….

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I suggest the following changes in this session next time:……………………………………………………………………

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**Participant Feedback for Workshops/Seminars/Meetings/Lectures**

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**Topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please select your rating by putting a mark to the relevant box below.

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