



ETFO Niagara Event/Workshop Feedback Form

Name of the event/workshop: _____

Please take the time to answer this short survey in order to help us best respond to our members' needs.

On a scale of 1-4 where 1 is **strongly disagree** and 4 is **strongly agree**, please circle the most appropriate answer:

1. The event/workshop **venue** was:

- a) Comfortable 1 2 3 4
- b) Well located 1 2 3 4
- c) Food and refreshments were adequate 1 2 3 4

Comments: _____

2. The event/workshop **facilitators** were:

- a) Knowledgeable 1 2 3 4
- b) Well-prepared 1 2 3 4
- c) Responsive to participants' questions 1 2 3 4

Comments: _____

3. The event/workshop **content** was:

- a) Relevant 1 2 3 4
- b) Comprehensive 1 2 3 4
- c) Easy to understand 1 2 3 4

Comments: _____

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4. The event/workshop was:

- | | | | | |
|---|---|---|---|---|
| a) Well paced | 1 | 2 | 3 | 4 |
| b) Breaks were sufficient | 1 | 2 | 3 | 4 |
| c) A good mix between listening and activities | 1 | 2 | 3 | 4 |
| d) The learning activities were engaging and relevant | 1 | 2 | 3 | 4 |

Comments: _____

5. What did you enjoy the most about the event?

6. What can be done to improve the event moving forward in the future?

Thank you so much for your feedback. Your ideas and input are very important to us!