Activity Evaluation Feedback

Business

Thank you for making today possible. Please let us know what you thought of the program.

FIRST NAME: ____________________________

LAST NAME: ____________________________

BUSINESS: ________________________________

DATE: ________________

Do you believe this program has benefit to participants? [ ] Unlikely [ ] Likely [ ] Definitely

Do you think involvement in this program is of benefit to your organisation? [ ] Unlikely [ ] Likely [ ] Definitely

Would you recommend involvement in this program to other staff members? [ ] Unlikely [ ] Likely [ ] Definitely

What (if anything) did you gain out of this program experience?

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________________________________________________________________________

What (if anything) do you think your organisation will gain out of this experience?

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________________________________________________________________________

What was the highlight of the program for you?

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________________________________________________________________________

Do you have any ideas that would help us to make the program content or delivery better?

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