

## Participant Evaluation

Course Title \_\_\_\_\_

Date \_\_\_\_\_

Which organization are you with?

1. County
2. City
3. Tribal
4. State
5. Consultant
6. Private
7. Other \_\_\_\_\_

What is the value of this workshop to you/your job?

1. Excellent
2. Good
3. Poor

Overall, how would you rate the content of this workshop?

1. Excellent
2. Good
3. Poor

Overall, how would you rate the instructor?

1. Excellent
2. Good
3. Poor

Comments:

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If you would like workshop notices sent directly to your email please provide it here:

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Suggested future training \_\_\_\_\_

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