Communicating through Listening Workshop Evaluation

Facilitator's Name: Date of the Date of th		ite:				
	r comments help us meet the future development needs of oth ally valuable. Thank you!	ner emplo	oyees.	. You	r feed	back
Cho	ose the most appropriate rating:					
	SA: Strongly Agree A: Agree N: Neutral D: Disagree S	SD: Stror	ngly D	isagre	ee	
		SA	A	N	D	SD
1.	The objectives of the session were made clear.					
2.	The facilitator was organized and prepared.					
3.	The facilitator's style and delivery were appropriate.					
4.	I can apply these ideas to my job.					
5.	The manual and materials were clear and easy to use.					
6.	The session achieved its objectives.					
7.	The session was the right length. (Too long, too short?)					
8.	I would recommend this session to others.					
Befo	ore you came to this session, did you know why you were ask	ed to atto	end to	day?		
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Wha	at could we do to make this session more effective?					

YOUR PARTICIPATION IS APPRECIATED!