



## Centre for Quality Assurance (CQA) Sabaragamuwa University of Sri Lanka (SUSL)

### EVALUATION FORM FOR WORKSHOP / ACTIVITY

Your feedback is critical for CQA to ensure we are meeting your needs. We would appreciate if you could take a few minutes to share your opinions with us so we can serve you better.

Working title of workshop / Activity

Date and location of the workshop	
Location	
Date	

- |   | Strongly<br>Disagree     | 1                        | 2                        | 3                        | 4                        | Strongly<br>Agree        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The workshop was applicable to my career   | <input type="checkbox"/> | 1                        | 2                        | 3                        | 4                        | 5                        |
| 2. The program was well paced within the allotted time  | <input type="checkbox"/> | 1                        | 2                        | 3                        | 4                        | 5                        |
| 3. The Resource Person was a good communicator  | <input type="checkbox"/> | 1                        | 2                        | 3                        | 4                        | 5                        |
| 4. The Resource Person was knowledgeable on the topic   | <input type="checkbox"/> | 1                        | 2                        | 3                        | 4                        | 5                        |
| 5. The material was presented in an organized manner  | <input type="checkbox"/> | 1                        | 2                        | 3                        | 4                        | 5                        |
| 6. I would be interested in attending a follow-up, more<br>advanced workshop on this same subject | <input type="checkbox"/> | 1                        | 2                        | 3                        | 4                        | 5                        |
| 7. Given the topic, was this workshop:  | <input type="checkbox"/> |                          |                          |                          |                          |                          |
|   |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          | a. Too short             | b. Right length          | c. Too long              |                          |                          |
| 8. In your opinion, was this workshop:  | <input type="checkbox"/> |                          |                          |                          |                          |                          |
|   |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          | a. Introductory          | b. Intermediate          | c. Advanced              |                          |                          |
| 9. Please rate the following:   |                          |                          |                          |                          |                          |                          |
|   | Excellent                | Very Good                | Good                     | Fair                     | Poor                     |                          |
| a. Visuals  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| b. Acoustics  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| c. Meeting space  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| d. Handouts   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| e. The program overall  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 10. Do you recommend the resource person for future workshops to carryout similar task?           |                          |                          |                          |                          |                          |                          |
|   | 1                        | 2                        | 3                        | 4                        | 5                        |                          |
| 11. `What would you identify as strengths of this workshop?                                       |                          |                          |                          |                          |                          |                          |

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12. What would you identify as weaknesses of this workshop?

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13. What did you most appreciate/enjoy/think was best about the course? Any suggestions for improvement?

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14. Please describe the top two topics you would like to learn more in the future

1: \_\_\_\_\_

2: \_\_\_\_\_

15. Additional comments

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**Thank you!**

**Please return this form to CQA at the end of the workshop.**