



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 Disagree | | | | Strongly Agree |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The workshop was applicable to my career | 1 | 2 | 3 | 4 | 5 |
| 2. The program was well paced within the allotted time | 1 | 2 | 3 | 4 | 5 |
| 3. The Resource Person was a good communicator | 1 | 2 | 3 | 4 | 5 |
| 4. The Resource Person was knowledgeable on the topic | 1 | 2 | 3 | 4 | 5 |
| 5. The material was presented in an organized manner | 1 | 2 | 3 | 4 | 5 |
| 6. I would be interested in attending a follow-up, more advanced workshop on this same subject | 1 | 2 | 3 | 4 | 5 |
| 7. Given the topic, was this workshop: | <input type="checkbox"/> a. Too short <input type="checkbox"/> b. Right length <input type="checkbox"/> c. Too long | | | | |
| 8. In your opinion, was this workshop: | <input type="checkbox"/> a. Introductory <input type="checkbox"/> b. Intermediate <input type="checkbox"/> 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? | | | | | |

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

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

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

1: _____

2. _____

15. Additional comments

Thank you!

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