Petroleum Reduction Technologies Evaluation Form

Workshop Name:								
Training Location:								
Participant Name (optional):								
Date:								
Job Title:								
Years in present position:			3-5	5+				

INSTRUCTIONS

Please circle your response to the questions. Rate aspects of the workshop on the following scale:

1= "Strongly disagree," the lowest, most negative impression

3= "Neither agree nor disagree," an adequate impression

5= "Strongly agree," the highest, most positive impression

N/A= "Not applicable," this item is not relevant to this workshop

Thank you for your time. Your feedback is greatly appreciated!

Sufficient time was provided to cover the material.	1	2	3	4	5	N/A
The content of the workshop was relevant to my career.	1	2	3	4	5	N/A
The instructor answered questions clearly and thoroughly.	1	2	3	4	5	N/A
The instructor was knowledgeable on the subject matter.	1	2	3	4	5	N/A
The instructor was helpful.	1	2	3	4	5	N/A

	NOW, at the end of the workshop						BE	BEFORE the workshop				
I feel confident in my understanding of the subject.	1	2	3	4	5	N/A	1	2	3	4	5	N/A
I feel confident in my ability to demonstrate my understanding of the subject.	1	2	3	4	5	N/A	1	2	3	4	5	N/A

Which one of the following BEST description of the following BEST descrip	ibes the reason	you took this workshop?					
The difficulty level of this workshop was ☐ Too Easy ☐ Just Right ☐ Too Di							
	ave attended, he More Than	ow much did you learn in this workshop? N/A					
Please rate the following:							
Presentation content quality: □Excellent □Good Comments:	□Fair	□Poor					
Workshop site/ facility: □Excellent □Good Comments:	□Fair	□Poor					
Workshop materials/handouts: □Excellent □Good Comments:	□Fair	□Poor					
Suggestions for workshop improvements	3:						
What is least valuable about this worksh	op?						
What is most valuable about this workshop?:							