



WordPress Coach - Workshop Evaluation Form

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

Please return this form to the instructor at the end of the workshop. Thank you.

Workshop title: _____

Date: _____

Instructor: _____

Rating: 1 = Poor, 5 = Excellent

- | | | | | | |
|--|---|---|---|---|---|
| 1. The content was as described in publicity materials | 1 | 2 | 3 | 4 | 5 |
| 2. The workshop was informative | 1 | 2 | 3 | 4 | 5 |
| 3. I would recommend this workshop to other businesses | 1 | 2 | 3 | 4 | 5 |
| 4. The program was well paced within the allotted time | 1 | 2 | 3 | 4 | 5 |
| 5. The instructor was a good communicator | 1 | 2 | 3 | 4 | 5 |
| 6. The material was presented in an organised manner | 1 | 2 | 3 | 4 | 5 |
| 7. The instructor was knowledgeable on the topic | 1 | 2 | 3 | 4 | 5 |
| 8. I would attend an advanced workshop | 1 | 2 | 3 | 4 | 5 |

9. Given the topic, was this workshop:

- a. Too b. Right length c. Too long

10. In your opinion, was this workshop:

- a. Introductory b. Intermediate c. Advanced

11. 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"/> |

12. What did you most appreciate/enjoy/think was best about the course?

Please turn over for more →→→

Any other notes?

Thank you!

Please return this form to the instructor or coordinator at the end of the workshop.

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