Workshop Evaluation Form

Your feedback is critical for ASU 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 or organizer at the end of the workshop. Thank you.**

Workshop title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Workshop coordinator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Strongly Strongly**

**agree disagree**

1. The content was as described in publicity materials 1 2 3 4 5
2. The workshop was applicable to my job 1 2 3 4 5
3. I will recommend this workshop to other conservators 1 2 3 4 5
4. The program was well paced within the allotted time 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

1. Given the topic, was this workshop: ❑ a. Too short ❑ b. Right length ❑ c. Too long
2. In your opinion, was this workshop: ❑ a. Introductory ❑ b. Intermediate ❑ c. Advanced

# Please rate the following:

Excellent Very Good Good Fair Poor

1. Visuals ❑ ❑ ❑ ❑ ❑
2. Acoustics ❑ ❑ ❑ ❑ ❑
3. Meeting space ❑ ❑ ❑ ❑ ❑
4. Handouts ❑ ❑ ❑ ❑ ❑
5. The program overall ❑ ❑ ❑ ❑ ❑
6. **Speaker Evaluation (Rating 1-5)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Faculty member** | **Content of course** | **Speaker presentation skills** | **Presentation quality** | **Active interaction** |
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# Your Background

1. Are you a member of AAU? ❑ a. Yes (for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years)

❑ b. No

1. Which of the following **best** describes your current position?

❑ a. Practicing Physician ❑ b. Faculty member

❑ c. Family doctor ❑ d. Student (are you: ❑ Undergrad ❑ Graduate ❑ Post-grad)

❑ e. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Future Needs**

1. I would be able to do my work better if I knew more about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Please describe the top two topics you would like to learn more about in the next 12 months:

Topic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred level: ❑ a. Introductory ❑ b. Intermediate ❑ c. Advanced

Preferred format: ❑ a. Lectures/workshop/Hands-on (how many days?\_\_\_\_\_\_\_\_\_)

❑ b. Self-study materials

❑ c. Interactive distance learning (i.e., Web-based)

❑ d. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**Thank you!**

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**ARAB SCHOOL OF UROLOGY**

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