

Activity Evaluation Feedback Business



Thank you for making today possible. Please let us know what you thought of the program.

FIRST NAME:

LAST NAME:

BUSINESS:

DATE:

	Unlikely	Likely	Definitely
Do you believe this program has benefit to participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think involvement in this program is of benefit to your organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you recommend involvement in this program to other staff members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What (if anything) did you gain out of this program experience?

What (if anything) do you think your organisation will gain out of this experience?

What was the highlight of the program for you?

Do you have any ideas that would help us to make the program content or delivery better?
