

Program Evaluation Survey

Name:

Group attended:

Phone Number:

Email:

What did you enjoy/like about the Program?:

What didn't you like or what could be improved upon?:

What did you learn?:

Are there any other programs you would be interested in? If so, what are they?:

Was the information presented in an effective manner? If no, what could have been one better?:

Was there anything you believe the presenters could have done better?:

Would you like to be contacted about future programs? Yes No

If yes, what is your preferred method of contact?: _____