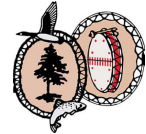




Appendix K: Participant Survey Form



Department of Social
& Cultural Development

Date:

Program Information

Program Name	Program Dates	
Program Location	Start Date	End Date

Program Evaluation

Please indicate your agreement or disagreement with each of the following statements by putting a check for the appropriate response. Select only one response for each statement (1 represents "very poor", 5 represents "excellent" or "very satisfied")

Part 1	1	2	3	4	5	Comments
How well was the event or program organized?						
Rate the trainer/speaker/facilitator						
Was the timing of the program/event good?						
Rate the location of the event						
Were the leaders of the event helpful?						
The location was appropriate for the program/event						
I am satisfied with the way the program/event was presented						

What did you like best about the program or event?

How will this program/event help you?

Do you have any comments or suggestions?