

Company _____

Team _____

Session Date _____

If you are filling out this form electronically use the tab key (or mouse) to move from field to field. Use the space bar or mouse to add or remove an 'x' from a check box.

1. This workshop was worth the time spent away from my job.

- 5 – Strongly agree
- 4 – Agree
- 3 – Neutral
- 2 – Disagree
- 1 – Strongly disagree

2. The ideas and concepts were presented effectively.

- 5 – Strongly agree
- 4 – Agree
- 3 – Neutral
- 2 – Disagree
- 1 – Strongly disagree

3. The activities and/or exercises reinforced the skills and concepts taught.

- 5 – Strongly agree
- 4 – Agree
- 3 – Neutral
- 2 – Disagree
- 1 – Strongly disagree

4. This workshop will help me to enhance my own personal accountability and effectiveness.

- 5 – Strongly agree
- 4 – Agree
- 3 – Neutral
- 2 – Disagree
- 1 – Strongly disagree

5. The skills and concepts presented are highly relevant to my job / role.

- 5 – Strongly agree
- 4 – Agree
- 3 – Neutral
- 2 – Disagree
- 1 – Strongly disagree

6. I am motivated to apply the information from this workshop to my job.

- 5 – Strongly agree
- 4 – Agree
- 3 – Neutral
- 2 – Disagree
- 1 – Strongly disagree

7. This workshop would be valuable to others on my team and other teams.

- 5 – Strongly agree
- 4 – Agree
- 3 – Neutral
- 2 – Disagree
- 1 – Strongly disagree

8. Overall, I would rate this workshop as:

- 5 – Excellent
- 4 – Very good
- 3 – Good
- 2 – Fair
- 1 – Poor

9. The most valuable part of the workshop was...

Please turn over and complete page 2

10. The least valuable part of the workshop was...

11. How did the facilitator's performance affect your workshop experience?

12. As a result of taking this workshop, when I return to work I intend to...

13. Do you have any colleagues or friends who might like to learn more about IMPAQ and our Accountability Based Approach to individual, team and organizational development? If so, please list their name, company and phone number and we will give them a call.

Name	Phone	Company
_____	_____	_____
_____	_____	_____

14. If you have provided us with a referral, please provide your name, so we can reference you when we contact them. Thanks!

Name:

Phone:

15. Other Comments

Thank you for your participation! When you complete this form, please return to us via:

e-mail: contactus@impacorp.com,

or

mail: IMPAQ, 7785 W. Sunset Boulevard, Los Angeles, CA 90046 USA.