



1. Did the workshop meet your expectations? *(Please check the appropriate box.)*

Completely [] Partially [] Not at all []

Please explain – why or why not?

2. What do you think about the length of the workshop? Consider the limits on your time and the topics discussed. *(Please check the appropriate box.)*

Too Long [] Just Right [] Too Short []

Please explain:

3. How relevant was the workshop to your organization or project's needs? *(Please check the appropriate box.)*

Very Relevant [] Somewhat Relevant [] Not Relevant []

Please explain:

4. Rate the time balance for the following activities. *(Please check only one box for each item listed below.)*

| | Far Too Much | Too Much | Just Right | Too Short | Far Too Short |
|--------------------------|---------------------|-----------------|-------------------|------------------|----------------------|
| Presentations | [] | [] | [] | [] | [] |
| Large Group Discussions | [] | [] | [] | [] | [] |
| Small Group Discussions | [] | [] | [] | [] | [] |
| Participatory Activities | [] | [] | [] | [] | [] |
| Construction Activities | [] | [] | [] | [] | [] |
| Breaks / Lunch | [] | [] | [] | [] | [] |



5. Which part of the workshop was the most useful? Please explain.

6. Which part of the workshop was the least useful? How would you improve this part? Please explain.

7. How would you rate the following? (Please check only one box for each item listed below.)

| | Poor | Fair | Good | Very Good | Excellent |
|-------------------------|------|------|------|-----------|-----------|
| Classroom Activities | [] | [] | [] | [] | [] |
| Construction Activities | [] | [] | [] | [] | [] |
| Participant Materials | [] | [] | [] | [] | [] |
| Workshop Content | [] | [] | [] | [] | [] |
| Trainers | [] | [] | [] | [] | [] |
| Facilities and Location | [] | [] | [] | [] | [] |

8. Would you like more information about any other topics? Would you like to participate in another workshop about any other topics? Please explain.

9. Do you have other comments about the workshop, CAWST or other issues? Please explain.

10. Are you a woman or man?

Woman Man

Name (Optional): _____ Organization (Optional): _____