

Name: (Optional) _____ Organization (Optional) _____

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

Completely Partially Not at all

Please explain – why or why not?

2. What do you think about the overall length of the workshop, considering the limits on your time and the topics discussed? (Please check one box.)

Too Long Just Right Too Short

Please explain:

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

Very Relevant Somewhat Relevant Not Relevant

Please explain:

4. How was the time balance (the amount of time spent) for each item below? (Please check only one box for each item.)

	Far Too Much	Too Much	Just Right	Too Short	Far Too Short
a. Water contamination and disease transmission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Multi-barrier approach and HWT options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Community education tools (activities, posters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Preparing filtration sand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Filter construction and installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Filter operation and follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Troubleshooting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Project planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 quality of the items below? (Please check only one box for each item.)

	Poor	Fair	Good	Very Good	Excellent
a. Classroom Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Construction Sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Workshop Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Participant Manual and Handouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Trainers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Facilities and Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Would you like more information on any topics? Would you like to have a workshop on any other topics? Please explain.

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

10. Are you a woman or man?

Woman Man