

STANDARD FEEDBACK FORM

Rating seminars performed by Dr. Harvey Goldstein.

Date: ____/____/____ Workshop Name: _____

1.	What was your overall reaction to the workshop? (Please circle a number)	1	2	3	4	5	6	7	8	9	10	N/A
		Poor			Good				Excellent			
2.	What parts of the program were most valuable?	<hr/> <hr/> <hr/> <hr/>										
3.	How well did the workshop address the group needs	1	2	3	4	5	6	7	8	9	10	N/A
		Not at all			Fairly well				Very well			
4.	How well was the day organized?	1	2	3	4	5	6	7	8	9	10	N/A
		Not well at all			Fairly well				Very well			
5.	How was the quality of the presentation slides?	1	2	3	4	5	6	7	8	9	10	N/A
		Poor			Good				Excellent			
6.	What was your overall reaction to the facilitator?	1	2	3	4	5	6	7	8	9	10	N/A
		Poor			Good				Excellent			
7.	How flexible was the facilitator in responding to the needs of the group?	1	2	3	4	5	6	7	8	9	10	N/A
		Not at all			Somewhat				Very			
8.	Do you think additional training time/session(s), would be helpful?	1	2	3	4	5	6	7	8	9	10	N/A
		Not necessary at all			helpful			Highly beneficial				

Please complete and hand in to company representative. **Thank You.** Additional comments and suggestions; please write on other side ↻