

**Pharmaceutical Leadership Development Program
Workshop Evaluation Form**

Date: _____

Using the rating scale below, please place a tick (√) under / next to the answer you feel is most appropriate for each of the following aspects of the workshop.

Rating Scale

5-Strongly Agree 4-Agree 3-No Opinion 2-Disagree 1- Strongly Disagree

	5	4	3	2	1
Workshop objectives were achieved					
Participants expectations were achieved					
The workshop content was relevant to my work					
The training material was useful					
The organization of the workshop was well done					
The training facilities were of good standard					
Accommodation was satisfactory					

a) Workshop Length: Too Long Too Short Just Right

b) What topics in this workshop will be most useful to you in your work?

c) What topics would you have liked more information or more time on?

d) Additional comment: