**Epidemic Preparedness for Community Organizations**

Training Location: Date:

Instructor:

**WORKSHOP CONTENT**

1=Strongly disagree 2=Disagree 3=Neither agree nor disagree 4=Agree 5=Strongly agree

1. I was well informed about the objectives of this workshop.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

2. This workshop met my needs.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

3. The content presented is applicable to my organization.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

4. I will be able to use the content of this workshop in my organization.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**WORKSHOP DESIGN**

5. The activities in this workshop were appropriate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

6. The pace of this workshop was appropriate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**WORKSHOP INSTRUCTOR/FACILITATOR**

7. The content was presented clearly and effectively.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

8. The instructor was helpful.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

9. What was least valuable about this workshop?

10. What was most valuable about this workshop?

11. Will you complete your organization's plans after this workshop? Yes Maybe No

**Thank you. Your feedback is very important to us.**