



Program Evaluation

We are passionate about the work we do! The primary purpose of the information in this survey is to aid us in enhancing the services we provide. We would appreciate your thoughts and perspectives.

1. Program Name: _____ Date: _____
2. Your name: _____ Organization: _____
3. If you are interested in receiving additional tools, thoughts, and leadership development materials as we continue to grow in our own knowledge, please fill in your contact information below.

(Print clearly) E-mail address: _____

4. How well did the program meet your needs, goals, and/or objectives?
5. How was the delivery of the program?
6. Who was your facilitator(s)? Please comment on the competence of your facilitator(s). Who stood out good or bad?
7. What did you enjoy most about the program (be specific)?
8. What changes or improvements would you recommend (be specific)?
9. What “key learnings” or “takeaways” surfaced in response to your time with us?
10. We would love your help in marketing our work. Use this space to provide any testimonials and/or specific people/companies we might contact: