

Title of workshop
Date

Please take a minute and give us your feedback regarding this workshop.

1. Please rate your level of knowledge on the following subjects **BEFORE** attending this workshop:

Topics	Low level			High level	
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5

2. Please rate your level of knowledge on the following subjects **AFTER** attending this workshop:

Topics	Low level			High level	
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5

3. What information or new ideas do you expect to use as a result of attending this workshop?
4. How could this workshop be improved?
5. Do you have any suggestions of topics for future workshops?
6. Please share with us any other comments that you have regarding this workshop.