



Workshop Evaluation

WORKSHOP TITLE: _____

Please rate the following with 1 being the lowest and 5 being the highest. Circle your response.

1. How relevant to your work or life was the workshop content?
1 2 3 4 5
2. How clear and engaging was/were the presenter(s)?
1 2 3 4 5
3. How well did the presenters meet their stated objectives?
1 2 3 4 5
4. How likely are you to recommend True Colors SOGIEcon others?
1 2 3 4 5

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1. What was the best thing about the workshop??
 2. What is something you learned?
 3. How can we make this event better next time?
 4. Please share any other thoughts or suggestions below.

Optional (**Required for those requesting CECs**):

Your Name: _____ Email: _____
Professional License number (if applicable) _____

Thank you. Your feedback is critical to helping us ensure that we offer the best programming!