



SEMINAR OR WORKSHOP EVALUATION

Title of Event and Date:

Location and Instructor:

1. Please tell us about yourself:

Name (Optional)

Institution or Employer (Optional):

- Are you a Professional Engineer? YES NO
 Registered Architect? YES NO
 LEED @Accredited Professional? YES NO
 Do you request PDH credit YES NO

<i>Please check all that apply. Are you a:</i>	✓
Designer or Design Management	<input type="checkbox"/>
Construction Management	<input type="checkbox"/>
Project or Program Manager	<input type="checkbox"/>
Facility Engineer/Manager	<input type="checkbox"/>
Regulatory Compliance	<input type="checkbox"/>
Environmental Engineer or Manager	<input type="checkbox"/>
Readiness and Homeland Security or Security Related Design and/or Construction	<input type="checkbox"/>
Green or Sustainable Design	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>

2. Did this session increase your understanding of the materials presented?

- YES NO

3. Was the presenter clear and understandable?

- YES NO



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4. Were the presentation materials helpful and understandable?

YES NO

5. Was the venue comfortable? YES NO Somewhat

6. Was the instructor helpful when there was difficulty understanding the material?

YES NO Somewhat

7. Was the instructor able to explain difficult concepts effectively?

YES NO Somewhat

8. Was the instructor passionate about the subject material?

YES NO Somewhat

9. What was the most valuable part of the training? Why? Comments:

10. Do you have any additional comments or suggestions to improve this workshop - training event?

Comments:

(You may continue below)