



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

| <u>Please check all that apply. Are you a:</u> | ✓ |
|--|--------------------------|
| 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/were the presenter(s) clear and understandable?
 YES NO



SEMINAR OR WORKSHOP EVALUATION

4. Were the presentation materials, as applicable, helpful and understandable?
 YES NO N/A

5. Was the venue comfortable? YES NO Somewhat

6. Was/were the instructor(s) helpful when there was difficulty understanding the material?
 YES NO Somewhat N/A

7. Was/were the instructor(s) able to explain difficult concepts effectively?
 YES NO Somewhat

8. Was/were the instructor(s) 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)