



**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

<b><u>Please check all that apply. Are you a:</u></b>	<b>✓</b>
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



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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)*