



Name:

Date:

Workshop Name:

City:

County:

For each item identified below, circle the number to the right that best fits your judgment of its quality. Use the scale above the numbers to judge which number is best.	SCALE				
	Poor	Good			Excellent
1. The material presented in the session was relevant.	1	2	3	4	5
2. The session was organized and interesting.	1	2	3	4	5
3. The presenter displayed adequate knowledge of the subject.	1	2	3	4	5
4. The presenter gave good examples.	1	2	3	4	5
5. The presenter was able to answer questions adequately.	1	2	3	4	5
6. The handouts provide worthwhile information.	1	2	3	4	5
7. I would recommend this session to others.	1	2	3	4	5
8. I would like to see more workshops like this one.	1	2	3	4	5
9. How would you rate the meeting facility?	1	2	3	4	5

Please complete the following fields so that we may better serve you in the future. All information will remain confidential.

RACE

- African American
- Alaskan Native
- Asian
- Caucasian/White
- Hispanic/Latino
- Native American
- Native Hawaiian/Pacific Islander
- Prefer not to disclose

GENDER

- Male
- Female
- Prefer not to disclose
- DISABLED
- Yes
- No
- Prefer not to disclose

MILITARY

- National Guard
- National Guard-Active Duty
- Veteran
- Reservist
- Reservist-Active Duty
- None
- Prefer not to disclose

Thank you for attending our workshop and for completing this survey. America's SBDC Iowa \* [www.iowasbdc.org](http://www.iowasbdc.org)

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