

Seminar Feedback/Evaluation Form

Our focus at Spark Communications Inc. is results! This evaluation is designed to measure your satisfaction with this seminar experience as well as provide us with information to continually improve our products and services.

Date: _____ Instructor: _____

Please print your name and address below or attach your business card.

Name _____ Title _____

Business Address _____

City _____ Province/State _____ Postal Code/Zip _____

Phone _____ Fax _____

E-mail _____ Web Site _____

My 3 personal learning goals based on the seminar content are:

To what extent did you achieve each of your three goals?

Exceeded the goals Fully achieved the goals Partially achieved the goals Did not achieve the goals

The information I found most useable was: _____

How my organization will benefit from, my training: _____

What technique will you apply first: _____

May we contact you within 90 days to ask how it's helping you? Yes No

What one thing could we do to improve this overall training experience? _____

Rank your agreement to the following statements (Please circle one number for each comment.)

Content	Strongly Agree			Strongly Disagree	
	5	4	3	2	1
I found value in the resource materials	5	4	3	2	1
I found value in the activities/exercises	5	4	3	2	1
The layout and design of the materials was effective	5	4	3	2	1
The design and use of visual aids was effective	5	4	3	2	1
I can explain the use of this training to co-workers	5	4	3	2	1
One suggestion for improving the program content: Comments: _____					

The Instructor

Demonstrated knowledge of content	5	4	3	2	1
Modeled techniques	5	4	3	2	1
Showed interest in participants	5	4	3	2	1
Answered my questions thoughtfully	5	4	3	2	1
Comments: _____					

Process/Environment

Enrollment process was easy and pleasant	5	4	3	2	1
Location and quality of this meeting site was appropriate	5	4	3	2	1
Room/Environment supported my training experience	5	4	3	2	1
____ Check if you stayed overnight at the hotel					
Comments: _____					

You the Participant

I was fully present and actively participated	5	4	3	2	1
My co-participants were actively involved and supported the learning process	5	4	3	2	1
Comments: _____					

What topics would you like to learn more about? (Check all that apply)

<input type="checkbox"/> Presentation Skills	<input type="checkbox"/> Powerpoint	<input type="checkbox"/> Preparing Your Presentation
<input type="checkbox"/> Marketing	<input type="checkbox"/> Sales Skills	<input type="checkbox"/> Customer Service
<input type="checkbox"/> Implementing strategy	<input type="checkbox"/> Managing your time	<input type="checkbox"/> Motivating/involving others
<input type="checkbox"/> Innovative Thinking	<input type="checkbox"/> Communicating ideas	<input type="checkbox"/> Decision Making Skills
<input type="checkbox"/> Leadership skills	<input type="checkbox"/> Coaching Skills	<input type="checkbox"/> Teamwork

Other: _____

May we contact you about our upcoming programs? Yes No

Preferred method of communication Phone Email

May we use you as a reference? Yes No

Please print the name of your manager so we may forward them your Certificate of Recognition:

Name _____ Title _____

Business Address _____

City _____ Province/State _____ Postal Code/Zip _____

Phone () _____ Fax () _____

E-mail _____ Web Site _____

“Thank you for your comments. We appreciate the opportunity they give us to improve our programs and better suit your needs.”