Feedback Form

1. Which aspect of the workshop was most effective for you (e.g., specific tools, approaches, activities etc.)?
2. Which tool/technique/approach do you see yourself using the most?
3. What about the workshop was least effective for you?
4. If you could suggest a change to the workshop (content, facilitation etc.) what would that be?

**Answer Yes or No to the following:**

1. Workshop objectives were met
   1. Yes
   2. No
2. I understand what Human Centred Design is and why it is important
   1. Yes
   2. No
3. I am able to use and apply the tools and techniques introduced at the workshop, in my day to day work
   1. Yes
   2. No
4. If you answered ‘No’ to question 7, we would like to learn why you feel this way?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**On a scale of 1 to 10, 1 being Very Bad and 10 being Excellent, please rate the following:**

1. Workshop was well structured

1 2 3 4 5 6 7 8 9 10

1. Workshop content was interesting

1 2 3 4 5 6 7 8 9 10

1. Workshop content was useful

1 2 3 4 5 6 7 8 9 10

1. The facilitators were well prepared and kept participants engaged

1 2 3 4 5 6 7 8 9 10

\*We are always looking to improve and would appreciate any suggestions for improvement that you may have. Please feel free to include any other suggestions or comments below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_