

Participant Reaction Sheet

Program Title _____ Date _____

Instructor _____ Location _____

	Strongly Agree	Agree	Strongly Disagree	N/A
1. Was subject matter covered as publicized?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Was the program stimulating and interesting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Were the materials provided useful in learning the subject?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Overall, were you satisfied with the program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Did the instructor involve the class in discussion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Was the location of the program convenient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Was the facility adequate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Rate the instructor: 1 to 4, (4 being the best)	4	3	2	1

List other topics or programs you would like to see offered _____

Give us your feedback on today's event or IEA in general. We value your feedback:

May we use your comments as a testimonial to publish in our publications? Yes No

May we use your name in our publicity? Yes No

Would you like someone to contact you to organize onsite training for your organization? Yes No

Name: _____ Signature: _____ Phone: _____

Job Title: _____ Email Address: _____