



Patti Malott
 Founder & President
 patti@uprightministries.com
 www.uprightministries.com

Contact Information
 Office: 281-374-9506
 Cell: 281-797-8619
 Fax: 281-257-0941

Workshop Evaluation

Please answer the following questions, front and back, about the training workshop you just attended and the speaker who presented it. Your input will ensure the continued excellence of Upright Ministries.

Workshop Name: _____ **Date:** _____

Workshop Speaker: Patti Malott

Please fill circle in completely

	Excel- lent	Very Good	Good	Fair	Poor
• What is your overall rating of this workshop?	⑤	④	③	②	①
• How well did the content meet your expectations?	⑤	④	③	②	①
• What rating would you give the Workshop Speaker?	⑤	④	③	②	①

Please respond to the following statements by giving your opinion as to whether you agree or disagree:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
• The Workshop Speaker...					
clearly communicated concepts and ideas.	⑤	④	③	②	①
has effective presentation skills.	⑤	④	③	②	①
effectively answered questions.	⑤	④	③	②	①
• I would recommend this workshop to others.	⑤	④	③	②	①
• The workbook/handout material enhanced the training.	⑤	④	③	②	①
• The training contained practical information I can use in my job.	⑤	④	③	②	①
• I will implement ideas I learned in this workshop.	⑤	④	③	②	①

1) What are the most important things you learned during this workshop?

2) What would you have changed about this workshop?

3) Is there a topic you would like to see presented in the future?

4) Additional Comments: _____

5) How did you hear about this workshop?

Word of Mouth Email

Other _____

6) Are you interested in receiving continuing education credits (CEU's) for this workshop? Please list the purpose:

_____ NACBA Certification _____ CPA

_____ Other (please explain) _____