



**Workshop:**

**Facilitator:**

**Customer Satisfaction Survey**

**Date:**

**Time:**

Please indicate the number that best describes the quality of training you received:						
		Very Satisfied		Very Dissatisfied		
1	Overall evaluation of this training	5	4	3	2	1
2	Quality of materials handed out	5	4	3	2	1
3	Quality of delivery by trainer	5	4	3	2	1
4	Relevance of information presented	5	4	3	2	1
5	Likelihood you will use the information presented	5	4	3	2	1
6	Your understanding of the topic after the training	5	4	3	2	1
7	What other workshops would you like to attend?					
_____						
_____						
<b>Additional Comments (highlights, dislikes, suggestions):</b>						
_____						
_____						
_____						
_____						

Thank you for participating in this on-going survey process, as we strive to continuously improve our service. Please Return Completed Survey attn: Swann Do [sdo@pacela.org](mailto:sdo@pacela.org)