



# PARTNERING WORKSHOP AND FACILITATOR EVALUATION

Date of Workshop: \_\_\_\_\_ ECMS #: \_\_\_\_\_ SR & SEC: \_\_\_\_\_

Name: \_\_\_\_\_ Name of Facilitator: \_\_\_\_\_

Company: \_\_\_\_\_ Facilitator Company: \_\_\_\_\_

**Please mark the box that most closely represents your feeling regarding the workshop.**

	Excellent	Good	Average	Fair	Poor
Length of the workshop?					
Project specific goals understood and obtainable?					
Project roles and responsibilities clearly defined?					
Escalation plan in place for unresolved issues?					
Action plan created for potential risks:					
Was workshop beneficial to you?					
How effective was the workshop agenda?					
How effective were the workshop presentations?					
How effectively were technical questions answered?					
Facilitator effectively answered partnering questions?					
How effective was the facilitator?					

What do you consider is the strongest aspect of this workshop?

What do you consider the weakest aspect of this workshop?

What could be done to improve the effectiveness of the workshop?

Other comments?