

participants feedback



this questionnaire will assist us in planning for future workshops

Your name _____ Tutor _____
Email _____ Regional Rep/Contact _____
Your Address _____ Workshop _____
_____ Workshop # _____
_____ Date _____

Please send me info about Flying Arts programs Yes No

WORKSHOP FEEDBACK

1. The workshop met my expectations. Yes No

Please answer the following by circling a number between 1 and 5. 1 = Unsatisfactory. 5 = Excellent

2. How well organised was the workshop?	1	2	3	4	5
3. How would you rate the tutors presentation?	1	2	3	4	5
4. How did you find the course content?	1	2	3	4	5

Please comment on the workshop and the tutor _____

Any feedback you want passed on to the tutor _____

5. How did you hear about this workshop?
 Flying Arts Membership Regional Rep Local Paper Friend Other

6. Reasons for attending? (Sequence: 1 least important to 4 most important)
 Professional development Personal development in arts practice A finished artwork Social interaction

7. What other media interest you? _____

8. Do you know of other groups/individuals that would be interested in Flying Arts workshops? _____

9. Do you have any other suggestions/comments? _____

Please note this information is treated confidentially and you can upload photos and comments on our website.
THANK YOU FOR YOUR TIME. PLEASE GIVE THIS FORM TO YOUR REGIONAL REP AT THE COMPLETION OF THE WORKSHOP.