Workshop Evaluation Form

Your feedback is critical to ensure we are meeting your educational needs. We would appreciate if you could take a few minutes to share your opinions with us so we can serve you better.

Please return this form to the instructor or organizer at the end of the workshop. Thank you.

Workshop title:
Date:
Instructor:

1. The content was as described in publicity materials
2. The workshop was applicable to my job
3. I will recommend this workshop to other colleagues
4. The program was well paced within the allotted time
5. The instructor was a good communicator
6. The material was presented in an organized manner
7. The instructor was knowledgeable on the topic
8. I would be interested in attending a follow-up, more advanced workshop on this same subject
9. Given the topic, was this workshop:  a. Too short  b. Right length  c. Too long
10. In your opinion, was this workshop:  a. Introductory  b. Intermediate  c. Advanced

11. Please rate the following:

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<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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</thead>
<tbody>
<tr>
<td>a. Visuals</td>
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<td>b. Acoustics</td>
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<td>c. Meeting space</td>
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<td>d. Handouts</td>
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<td>e. The program overall</td>
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12. What did you most appreciate/enjoy/think was best about the course?

___________________________________________________________________________
___________________________________________________________________________

13. Any suggestions for improvement?

___________________________________________________________________________
___________________________________________________________________________

OVER, Please ➔➔➔
Your Background

13. Are you a member of AIC? □ a. Yes (for how long? _________________ years) □ b. No

14. Which of the following best describes your current position?
   □ a. Practicing conservator    □ d. Administrator
   □ b. Conservation scientist  □ e. Student (□ Undergrad □ Graduate □ Post-grad)
   □ c. Educator               □ f. Other:____________________________________

15. How many years of professional experience do you have in the conservation profession? ______ years

16. Please indicate your top area of specialization using the list below (check only ONE please).
   □ a. Archaeological objects   □ h. Natural science
   □ b. Architecture            □ i. Objects
   □ c. Book and paper          □ j. Paintings
   □ d. Conservation administration □ k. Photographic materials
   □ e. Conservation education  □ l. Sculpture
   □ f. Conservation science    □ m. Textiles
   □ p. Electronic media        □ n. Wooden artifacts
   □ g. Ethnographic objects    □ o. Other:___________________________________

Future Needs

17. Please describe the top two topics you would like to learn more about in the next 12 months:

   Topic 1:_____________________________________________________________________

   Preferred format: □ a. Seminar/workshop (how many days?_________)
   □ b. Self-study materials
   □ c. Interactive distance learning (i.e., Web-based)
   □ d. Other:______________________________________________________________

   Topic 2:_____________________________________________________________________

   Preferred format: □ a. Seminar/workshop (how many days?_________)
   □ b. Self-study materials
   □ c. Interactive distance learning (i.e., Web-based)
   □ d. Other:______________________________________________________________

Thank you!
Please return this form to the instructor or coordinator at the end of the workshop.