

# 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.**

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Workshop title:

Date:

Instructor:

	Strongly agree			Strongly disagree	
1. The content was as described in publicity materials	1	2	3	4	5
2. The workshop was applicable to my job	1	2	3	4	5
3. I will recommend this workshop to other colleagues	1	2	3	4	5
4. The program was well paced within the allotted time	1	2	3	4	5
5. The instructor was a good communicator	1	2	3	4	5
6. The material was presented in an organized manner	1	2	3	4	5
7. The instructor was knowledgeable on the topic	1	2	3	4	5
8. I would be interested in attending a follow-up, more advanced workshop on this same subject	1	2	3	4	5
9. Given the topic, was this workshop:	<input type="checkbox"/> a. Too short	<input type="checkbox"/> b. Right length	<input type="checkbox"/> c. Too long		
10. In your opinion, was this workshop:	<input type="checkbox"/> a. Introductory	<input type="checkbox"/> b. Intermediate	<input type="checkbox"/> c. Advanced		
11. Please rate the following:	Excellent	Very Good	Good	Fair	Poor
a. Visuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Acoustics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Meeting space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Handouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The program overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. What did you most appreciate/enjoy/think was best about the course?

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13. Any suggestions for improvement?

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**OVER, Please →→→**

## Your Background

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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

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

Topic 1: \_\_\_\_\_

Preferred level:  a. Introductory  b. Intermediate  c. Advanced

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 level:  a. Introductory  b. Intermediate  c. Advanced

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.**