Program/Workshop Satisfaction Survey

The information you supply on this questionnaire will be kept completely confidential.
Please answer each of the following questions. Use black or blue ink or pencil.

1. Which of the following best describes your position at City Tech?

☐ *Full-time Faculty*   ☐ *Part-time Faculty*   ☐ *Administrator/Staff*

2. Please indicate your department/program/area affiliation

3. For the following statements, please indicate your level of agreement.

	Strongly Agree	Moderately Agree	Neither Agree or Disagree	Moderately Disagree	Strongly Disagree
The program/workshop was well organized.	☐	☐	☐	☐	☐
The presenter's knowledge of the content contributed to my understanding of the material.	☐	☐	☐	☐	☐
The presenter's ability to communicate contributed to my understanding of the material.	☐	☐	☐	☐	☐
The program/workshop content was consistent with the description in the announcement.	☐	☐	☐	☐	☐
The material presented was useful for my professional development.	☐	☐	☐	☐	☐
In general, I was satisfied with the content of the program/workshop.	☐	☐	☐	☐	☐
The program/workshop met or exceeded my expectations.	☐	☐	☐	☐	☐
I would recommend this or other similar programs to my colleagues.	☐	☐	☐	☐	☐

4. Please indicate what you liked best about the program/workshop.

5. Please indicate what you liked least about the program/workshop.

6. Please indicate suggestions that would enhance the program/workshop.

7. Please provide any other comments regarding this program/workshop.

8. Please suggest topics of interest for future programs/workshops.

Your responses will help us improve the quality of future programs/workshops.
Please leave your completed feedback survey on the table. Thank you!