

Envision Your Ideal Future™ Part 1

Workshop Evaluation

Name: _____ E-mail: _____

Day Phone: _____ Today's Date: _____

How valuable was the workshop?	Low	1	2	3	4	5	6	7	8	9	10	High
How enjoyable was the workshop?		1	2	3	4	5	6	7	8	9	10	
Overall, how would you rate this workshop?		1	2	3	4	5	6	7	8	9	10	

1. What was the most important thing you gained from today's workshop? _____

2. How will you apply this information? _____

3. What part do you wish we had spent more time on? _____

4. What part do you wish we had spent less time on? _____

5. How could we improve this program? _____

Which of your family, friends or colleagues would you like us to invite to future workshops?

Name: _____ Phone: _____ E-Mail: _____

Name: _____ Phone: _____ E-Mail: _____

Name: _____ Phone: _____ E-Mail: _____

Name: _____ Phone: _____ E-Mail: _____

Which groups, that you are affiliated with, would benefit from this workshop?

Group: _____ Phone: _____ Contact Info: _____

Group: _____ Phone: _____ Contact Info: _____

Group: _____ Phone: _____ Contact Info: _____

Group: _____ Phone: _____ Contact Info: _____

Thank You for Your Feedback!