



The Human Potential Center

Evaluation

Workshop Title _____ Date(s) _____

Your Name _____ Presenter's Name _____

We want to continue improving our workshops, so your feedback is important. Answering the following questions helps us continue presenting workshops that are both beneficial and fun. Thanks!

1. What activities or section of the workshop did you enjoy most?

Why?

2. What activities or section of the workshop provided the deepest personal insights, or helped you change your lifestyle the most?

Why?

3. What activities or section of the workshop did you enjoy least?

Why?

4. If you could change anything in the entire workshop, what would it be?

Why?

5. Other Comments?

May we use your name & remarks in fliers describing this workshop? Yes _____ No _____