

Evaluation Form

WORKSHOP: SAIIEH Workshop

DATES: 3 DECEMBER 2021

TIME: 08H00 – 17H00

VENUE: ZOOM

Please comment and add suggestions where needed in order to improve future workshops / meetings

1) Facilitation process: TICK (x)

SATISFACTORY	GOOD	EXCELLENT

REMARKS _____

2) Venue and facilities:

SATISFACTORY	GOOD	EXCELLENT

REMARKS _____

3) Any other comments:

Optional

Name: _____

Cell No.: _____

e-mail address: _____

Thanks for your input. It is appreciated.