

Evaluation Form

WORKSHOP: SAIEH WORKSHOP

DATES: 6 MAY 2022

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.