



# Evaluation Form

**Date:** \_\_\_\_\_ **Workshop:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Trainer:** \_\_\_\_\_

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
I improved on or learned a new fact, skill, or way of thinking	1	2	3	4	5
I apply this knowledge, skill, or thinking to my position	1	2	3	4	5
The information presented was valuable to me	1	2	3	4	5
I am more aware of the types of resources available	1	2	3	4	5

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Information was well presented	1	2	3	4	5
Presenter(s) were knowledgeable	1	2	3	4	5
There was opportunity for my input	1	2	3	4	5
Length of the workshop was appropriate for time provided	1	2	3	4	5

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
My knowledge of workplace mental health has increased	1	2	3	4	5
I feel better prepared to engage mental health at work	1	2	3	4	5
I would recommend this training to a colleague	1	2	3	4	5
I would attend other Mental Health Works trainings	1	2	3	4	5

What did you value the most?  
 \_\_\_\_\_  
 \_\_\_\_\_

What did you value the least?  
 \_\_\_\_\_  
 \_\_\_\_\_



See reverse to provide additional feedback



What else could assist you in addressing mental health in the workplace?

Do you have any other comments, suggestions, or questions?

**Email:** \_\_\_\_\_

Thank you for your feedback!

Send to: [sarahaalbers@cmhaoxford.on.ca](mailto:sarahaalbers@cmhaoxford.on.ca)