



FORMERLY KNOWN AS UETR

(Estd. By Uttarakhand State Govt. Vide Act No. 07/2021 and Recognized under UGC Act 1956)
7 kms Roorkee-Haridwar Road (NH-58),
Vardhmanpuram, Roorkee- 247667
CU/DO-IQAC (15) /04/2023/010

WORKSHOP/GUEST LECTURE/SEMINAR FEEDBACK FORM

Workshop/ Guest lecture Title: _____

Date: _____ Speaker's Name: _____

Please respond to the following statements by using the 4-point rating scale to indicate the extent to which you agree or disagree with each statement. Please circle the number that applies.

4= Strongly Agree 3= Agree 2= Disagree 1= Strongly Disagree

Workshop objectives were stated clearly and met.	4	3	2	1
The workshop was well organized.	4	3	2	1
The information and/or skills presented were relevant and useful.	4	3	2	1
The presenter(s) provided adequate time for questions and answered them satisfactorily.	4	3	2	1
The presenter(s) modeled student-centered learning strategies and techniques.	4	3	2	1
This workshop increased my knowledge and skills.	4	3	2	1
The information and/or skills presented were relevant and useful.	4	3	2	1
The workshop as presented was congruent with the workshop description.	4	3	2	1
The presenter(s) allowed me to work with and learn from others.	4	3	2	1
The presenter(s) suggested ways to follow up the training.	4	3	2	1
The materials provided were useful.	4	3	2	1
The materials were appropriate for the program.	4	3	2	1
The physical arrangements were adequate.	4	3	2	1

Please return this form to the coordinator at the end of the workshop/ guest lecture/Seminar.

Name and Signature: _____

Date: _____

Department/College: _____