

# Partnering Workshop Evaluation

Project Name: \_\_\_\_\_

TRACS #: \_\_\_\_\_

Facilitator: \_\_\_\_\_

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

1. How valuable was this workshop for you? (1=lowest / 5=highest) 1  2  3  4  5
2. Could you or other team members have done anything more during the workshop to encourage a successful partnership?  
Yes  No
3. How well did the facilitator guide and encourage the team to understand and discuss key partnering principles and project issues? (1=lowest / 5=highest) 1  2  3  4  5
4. How do you rate the potential for partnership on this project? (1=lowest / 5=highest) 1  2  3  4  5
5. Do you have any suggestions for improving future workshops? Yes  No
6. How satisfied were you with the facility? (1=lowest / 5=highest) 1  2  3  4  5
7. How satisfied were you with the refreshments? (1=lowest / 5=highest) 1  2  3  4  5  N/A

Comments:

Name: \_\_\_\_\_

Organization: \_\_\_\_\_