

Program Outcome Feedback Questionnaire

Name:

Program Name:

1. The program met its stated outcomes:

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

2. The program content was relevant and useful:

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

3. Suggestions for improvement:

4. Additional comments:

Submit