

# Participant Feedback Form

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

*Please circle the number that best describes your response to each item.*

One of our aims is to have the staff and volunteers conduct the project in a neutral manner. How satisfied are you with their performance in this regard?

<b>1</b> Very Dissatisfied	<b>2</b> Dissatisfied	<b>3</b> Neutral	<b>4</b> Satisfied	<b>5</b> Very Satisfied
-------------------------------	--------------------------	---------------------	-----------------------	----------------------------

Today's activities were conducted in a manner that allowed me to participate fully in the process.

<b>1</b> Strongly Disagree	<b>2</b> Disagree	<b>3</b> Neutral	<b>4</b> Agree	<b>5</b> Strongly Agree
-------------------------------	----------------------	---------------------	-------------------	----------------------------

3. Meeting facilities and handling of logistics were adequate to support the process.

<b>1</b> Strongly Disagree	<b>2</b> Disagree	<b>3</b> Neutral	<b>4</b> Agree	<b>5</b> Strongly Agree
-------------------------------	----------------------	---------------------	-------------------	----------------------------

What suggestions do you have for improvement?

---

---

---

---

---

---

---

---

---