

Participant Evaluation



Date _____

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. This was a valuable learning experience.....	_____	_____	_____	_____	_____
2. The facilitator presented the material in a clear and effective manner.....	_____	_____	_____	_____	_____
3. The facilitator was knowledgeable and informative.....	_____	_____	_____	_____	_____
4. The game experience was fun and engaging.....	_____	_____	_____	_____	_____
5. The lessons of the experience were relevant to my work.....	_____	_____	_____	_____	_____
6. The length of the session was appropriate.....	_____	_____	_____	_____	_____
7. It would be beneficial to run this activity with others at my organization.....	_____	_____	_____	_____	_____
8. What specific insights did you gain from the experience?					
9. What changes can be put into practice to improve your organization's performance?					
10. Please provide any other comments or suggestions for improvement.					