**EVENT EVALUATION SURVEY**

Dear Participant,

We need your opinions and suggestions in order to determine your satisfaction level with the events we organize and to improve the quality of the events. Thank you for your attention, support and participation. (\* Indicates compulsory question)

Date of the event \* : ( DD / MM / YEAR ) ………. / …………. / ………………

Name of the event \* : ……………………………………………………………………………………

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EVENT TOPİC | Very good | Good | Middle | Weak | Too weak |
| 1. Receiving the announcement of the event \* |  |  |  |  |  |
| 2. The success of the event organization \* |  |  |  |  |  |
| 3. The extent to which the activity increases your interest in the subject \* |  |  |  |  |  |
| 4. The extent to which the activity contributes positively to your personal development \* |  |  |  |  |  |
| 5. New knowledge and skills acquired by the event \* |  |  |  |  |  |
| 6. The extent to which the event increases your motivation \* |  |  |  |  |  |
| 7. The contribution of the activity to your professional education \* |  |  |  |  |  |
| 8. Visuality and presentation of materials used in the event \* |  |  |  |  |  |
| 9. The presenter's approach to the questions asked at the event \* |  |  |  |  |  |
| 10. How would you rate the event overall? \* |  |  |  |  |  |
| 11 Any other comments you have? |  | | | | |