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Place and date

Workshop Evaluation Questionnaire

Workshops conducted by,
(name and Surname)

on
(dates)

1. How interesting were the classes*:

- 5 – very interesting
- 4 – interesting
- 3 – quite interesting
- 2 – rather uninteresting
- 1 – uninteresting

5. How professionally were the classes conducted*:

- 5 – very professional
- 4 - professional
- 3 – quite professional
- 2 – rather unprofessional
- 1 – unprofessional

6. Did you learn anything new*?

- 5- definitely yes
- 4- rather yes
- 3- partially yes, partially not
- 2- rather not
- 1- definitely not

4. The atmosphere of the classes was*:

- 5- great
- 4- good
- 3- average
- 2- rather not good
- 1- bad

* Circle your answer



5. During the classes did anything bring you satisfaction, if yes what was it?

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6. During the classes was anything difficult, if yes, what was it?

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7. Would you change anything in the way the workshop was conducted, if yes what was it?

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8. Were you informed that the workshop was conducted as part of the „South Baltic Academy of Independent Theatre – a tool of social change” project*?

Yes/No

Thank you for expressing your opinion!

