

Event Evaluation Form

The aims of the event you have just attended were set out in the programme. Please help us evaluate how successfully they were achieved by completing this questionnaire, indicating how satisfied you were with our performance in each area (by circling the appropriate number, using the scale 1:5) or by writing in the text boxes.

**Supporting Organisations to implement the Duty to Promote Disability Equality
First seminar: Tuesday 24th May 2005**

Name: Job Title:

Organisation: E-mail:

How satisfied were you:

	Very satisfied			Very dissatisfied	
With the organisation of the event?	1	2	3	4	5
With the venue and facilities?	1	2	3	4	5
With the relevance of topic areas?	1	2	3	4	5
With the appropriateness of the meeting?	1	2	3	4	5
That the presentations and activities were stimulating?	1	2	3	4	5
That the pace of the event was challenging and sustained?	1	2	3	4	5
That the learning strategies used were productive?	1	2	3	4	5
With the learning materials?	1	2	3	4	5
That your access/dietary requirements were met?	1	2	3	4	5

If you were not satisfied with any aspect, please indicate the reason:

What is your overall assessment of today's seminar?

<i>Please circle appropriately</i> Very Good 1 2 3 4 5 Very Poor

Comments:

What is your overall assessment of:

Project Introduction – are you clear about the purpose of the project?

<i>Please circle appropriately</i> Very Good 1 2 3 4 5 Very Poor

Comments:

The Duty to promote disability equality

<i>Please circle appropriately</i> Very Good 1 2 3 4 5 Very Poor

Comments:

The journey so far, Disability Equality reflections

<i>Please circle appropriately</i> Very Good 1 2 3 4 5 Very Poor

Comments:

Lessons to be learnt from Race Equality legislation

<i>Please circle appropriately</i> Very Good 1 2 3 4 5 Very Poor

Comments:

What changes or improvements should be made for the next seminar? Is there anything you would like to be included in the next seminar?

Are you willing to share your email address with project partners to facilitate networking? Yes/ No

Thank you for taking the time to fill in this Evaluation Form

Please return to an LSDA representative on the day or alternatively please send to:

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