Participant Impact Questionnaire

Thank you for your feedback! It will help us improve our program content and provide the best tools to reinforce your learning moving forward.
This survey should take no longer than 3-5 minutes.

* Required

1. Program Date *

Please input date (M/d/yyyy) 🗓

2. How interesting was the program content? *

	1	2	3	4	5	
Not engaging, helpful or relevant	○	○	○	○	○	Highly engaging, helpful and relevant

3. How successful was the facilitator in building your learning on this topic? *

	1	2	3	4	5	
Not at all successful	○	○	○	○	○	Extremely successful

4. How valuable was the program in terms of enhancing your knowledge and skills? *

	1	2	3	4	5	
Not at all valuable	○	○	○	○	○	Extremely valuable

5. How motivated are you to apply what you've learned? *

	1	2	3	4	5	
Not at all motivated	○	○	○	○	○	Extremely motivated

6. How likely are you to recommend this program to others in your organization? *

	1	2	3	4	5	6	7	8	9	10	
Not at all likely	○	○	○	○	○	○	○	○	○	○	Extremely likely

7. What is your primary reason for your rating in the previous question?
   *

   ○ When the program launched/timing

   ○ Communications strategy

   ○ Platform/system used

   ○ Usefulness of tools provided (i.e., practice tools)

   ○ Quality of facilitator

   ○ Applicability of content to current role

   ○ Applicability of content in our workplace

   ○ [Other]

8. Your feedback will help us improve the program content and provide the best tools to reinforce your learning moving forward, please provide any and all additional feedback on your experience!

   [   ]