1. **Did the workshop meet your expectations?** *(Please check only one box.)*

Completely [ ] Partially [ ] Not at all [ ]

*Please explain – why or why not?*

1. **How relevant was the workshop to your organization or project’s needs?** *(Please check only one box.)*

Very Relevant [ ] Somewhat Relevant [ ] Not Relevant [ ]

*Please explain:*

1. **Trainer 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How would you rate the following?** *(Please check only one box for each statement.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** |
| 1. The trainer was well prepared. | [ ] | [ ] | [ ] | [ ] | [ ] |
| 1. The trainer was knowledgeable about the content. | [ ] | [ ] | [ ] | [ ] | [ ] |
| 1. The trainer was approachable and friendly. | [ ] | [ ] | [ ] | [ ] | [ ] |
| 1. The trainer encouraged an engaging, participatory and interactive learning environment. | [ ] | [ ] | [ ] | [ ] | [ ] |
| 1. The trainer created an inclusive and respectful learning environment. | [ ] | [ ] | [ ] | [ ] | [ ] |
| 1. Overall, I am satisfied with the trainer. | [ ] | [ ] | [ ] | [ ] | [ ] |

**Trainer 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How would you rate the following?** *(Please check only one box for each statement).*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** |
| 1. The trainer was well prepared. | [ ] | [ ] | [ ] | [ ] | [ ] |
| 1. The trainer was knowledgeable about the content. | [ ] | [ ] | [ ] | [ ] | [ ] |
| 1. The trainer was approachable and friendly. | [ ] | [ ] | [ ] | [ ] | [ ] |
| 1. The trainer encouraged an engaging, participatory and interactive learning environment. | [ ] | [ ] | [ ] | [ ] | [ ] |
| 1. The trainer created an inclusive and respectful learning environment. | [ ] | [ ] | [ ] | [ ] | [ ] |
| 1. Overall, I am satisfied with the trainer. | [ ] | [ ] | [ ] | [ ] | [ ] |

1. **How would you rate the following?** *(Please check only one box for each item.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Poor** | **Fair** | **Good** | **Very Good** | **Excellent** |
| Classroom Activities | [ ] | [ ] | [ ] | [ ] | [ ] |
| Handouts | [ ] | [ ] | [ ] | [ ] | [ ] |
| Workshop Content | [ ] | [ ] | [ ] | [ ] | [ ] |
| Facilities and Location | [ ] | [ ] | [ ] | [ ] | [ ] |

1. **How useful was the workshop for learning about faecal sludge management?**

Very useful [ ] Somewhat useful [ ] Not useful [ ]

*Please explain:*

1. **How would you rate the depth of information on these topics?** *(Please consider this was an introductory workshop on faecal sludge management.)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Too Little** | **Enough** | **Too Much** |
| Introduction to Faecal Sludge Management | [ ] | [ ] | [ ] |
| Local and Global Issues | [ ] | [ ] | [ ] |
| Design Approach | [ ] | [ ] | [ ] |
| Faecal Sludge Use | [ ] | [ ] | [ ] |
| Quantification and Characterization | [ ] | [ ] | [ ] |
| Treatment Objectives | [ ] | [ ] | [ ] |
| Treatment Technologies | [ ] | [ ] | [ ] |
| Operation and Maintenance | [ ] | [ ] | [ ] |
| Collection and Transport | [ ] | [ ] | [ ] |
| Stakeholders | [ ] | [ ] | [ ] |
| Financial Transfers | [ ] | [ ] | [ ] |
| Legal Framework | [ ] | [ ] | [ ] |
| Integrated Planning | [ ] | [ ] | [ ] |
| Improvement Plan | [ ] | [ ] | [ ] |
| Risk Management | [ ] | [ ] | [ ] |
| Action Planning | [ ] | [ ] | [ ] |
| Case Studies | [ ] | [ ] | [ ] |

1. **What actions do you plan to take following the workshop?** *(Please check all that apply.)*

[ ] Do nothing

[ ] Share what you learned with others

[ ] Apply what you learned in your work

[ ] Apply what you learned in your personal life

Other:

1. **What was the biggest strength of the workshop?**
2. **What was the biggest weakness of the workshop?**
3. **Do you have other comments about the workshop, CAWST, or Eawag-Sandec; or would like more information about a specific topic?**
4. **Are you a woman or man?**

[ ] Woman[ ] Man

Name (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_