



VM Facilitator Feedback Form



(To be filled in by Client)

Workshop

Study Title: _____

Date: _____ No. of Days: _____ Location: _____

Name of Facilitator: _____

Please tick the appropriate box:		VERY POOR	POOR	AVERAGE	GOOD	VERY GOOD
1.	Pre-workshop preparation					
2.	Management of process					
3.	Encouragement of participation					
4.	Presentation of facilitator					
5.	Objectives of workshop achieved					
6.	Quality of VM report					
7.	Appropriateness of workshop duration					
8.	Client expectations met or exceeded					
9.						
10.						
11.						
12.						

Please add any other comments you wish to make. Thanks for your time and feedback.

Name of Respondent: _____ Position: _____

Name of Client Organization: _____

Date: _____

Note : Please send the completed feedback form to Mr K.T. CHAU, Director of Professional Qualification and Training (training@hkivm.org) and copy to the facilitator.