



Thank you for your participation in our 2011 Lopez Summer Workshops! Please take a moment to share your feedback with us. We appreciate your input!

Workshop Name: \_\_\_\_\_

Instructor: \_\_\_\_\_

Your Name (optional): \_\_\_\_\_

How satisfied were you with:	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
This workshop overall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instructor's knowledge of material?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instructor's friendliness & responsiveness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well workshop met your expectations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value received for your money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registration process?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office staff's friendliness and responsiveness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diversity of Summer Programs offered?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which programs would you like to see repeated next year?

\_\_\_\_\_

\_\_\_\_\_

Are there any new programs you would like to see offered next year?

\_\_\_\_\_

\_\_\_\_\_

Please add any additional comments/suggestions you may have, especially if you were dissatisfied in any way. How can we improve?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please e-mail this form to [lifrc@rockisland.com](mailto:lifrc@rockisland.com) or mail to :

Lopez Island Family Resource Center PO Box 732 Lopez, WA 98261 Telephone: (360) 468-4117