Clutha District Settlement Support Inc.

Evaluation Form

Name of Seminar: **Date:**

Your Country of Origin: _____ **Gender (please circle one):** **Male** **Female**

What is your age group? *(please circle one):* Under 20 years 20-29 30-39 40-49 50-59 60-69 70-79 Over 80 years

What is your residency status? (please circle one): NZ Citizen Resident Work Student Visitor

	Please circle one				
The seminar was relevant to what I needed to know	**Poor 1**	**Fair 2**	**Good 3**	**Very Good 4**	**Excellent 5**
The information I received at the seminar was easy to understand	**Poor 1**	**Fair 2**	**Good 3**	**Very Good 4**	**Excellent 5**
The presenter was knowledgeable about the topic	**Poor 1**	**Fair 2**	**Good 3**	**Very Good 4**	**Excellent 5**
The venue was appropriate i.e. enough space, warm, good sound	**Poor 1**	**Fair 2**	**Good 3**	**Very Good 4**	**Excellent 5**
My recommendation of this session to other newcomers	**Poor 1**	**Fair 2**	**Good 3**	**Very Good 4**	**Excellent 5**

Other Comments e.g. other topics of interest:

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