

WOODART-WORKSHOP MENTORING SESSION FEEDBACK SHEET

WORKSHOP NAME

DATE ATTENDED

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Please indicate your level of agreement using a tick in the column you believe best fits your opinion.

Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Communication about arrangements for the workshop session <i>i.e. Times, Venue, Lunch arrangements</i> were made very clear to me prior to session taking place.					
2. The organisation and management of the workshop session was good with the session keeping to timetabling.					
3. Objectives for the workshop were clearly shared and used to good effect to guide the session and individuals to aid people meeting the objectives.					
4. Demonstration and explanations were made clear aiding you to make your own attempts.					
5. A good balance of encouragement and support was available by Mentors.					
6. Distributed support materials were very helpful as a reference for future attempts.					
7. I met the objectives of the workshop.					
8. I would recommend this workshop to others.					

Please feel free to offer additional notes to elaborate on your responses/add others to aid us in providing the best possible mentoring to support you as a woodturner.

Many Thanks

