

Teacher Wellness Grant Evaluation Form

School Name: _____ Date: _____

Member completing this form: _____

Topic/brief description of activity/event: _____

Facilitator/Presenters name: _____

How satisfied were you with the presenter/activity?

Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied

Would you recommend this presenter/activity to others?

Yes	No	Not Sure

What did the participants find the most useful?

How might the event be improved?

What recommendations would you make to other members planning a similar workshop/event?

To help promote the Wellness Grant we are always accepting photos from events put on through the Wellness Grant. These photos would be posted on the RETTA website. If you have any photos from the event you would like to share and have permission to share, please email them to Kirsten at kmundle@retta.ca.