We hope that you have enjoyed this workshop. We are interested in your comments so that we can present workshops for you in the best ways available to us.

**VENUE:**

**WORKSHOP TITLE:**

**TUTOR’S NAME:**

**DATE:**

1. Your comments about the venue and its facilities.

….………………………………………………………………………………………………………………………………………

..………………………………………………………………………………………………………………………………………..

1. Your Workshop teacher.
* Did you receive the pre-workshop requirements and instructions? Yes/No
* Were you happy with the teacher’s presentation? Yes/No
* Have you learnt new skills and techniques? Yes/No
* Are you able to complete the exercise/project? Yes/No
1. Your comments about the contents of this workshop.

….………………………………………………………………………………………………………………………………………

….………………………………………………………………………………………………………………………………………

1. Are there other workshops or teachers you would like SA Quilters to present?

….…………………………………………………………………………………………………………………………………….

….…………………………………………………………………………………………………………………………………….

1. Any other comments that may assist Workshop Convenors?

….…………………………………………………………………………………………………………………………………….

….…………………………………………………………………………………………………………………………………….

….…………………………………………………………………………………………………………………………………….

….…………………………………………………………………………………………………………………………………….

**Thank you for attending this workshop.**