

## Community Mosquito Collectors Workshop End-of-Course Feedback Form

Which days did you attend this training? (please check all that apply)

Day 1 \_\_\_\_ Day 2 \_\_\_\_ Day 3 \_\_\_\_ Day 4 \_\_\_\_ Day 5 \_\_\_\_

1. Please complete the following by putting a check in the column of your choice.

Please rate the quality of the following...	Poor	Fair	Good	Very Good	Excellent
Overall Content of Course					
Power Point Slides					
Participant Workbook					
Presentation of material by Trainer(s)					
Practicals					

Comments on any of the topics above:

2. The technical level of the material covered in the training was: (circle one)

Too basic

Just right

Too difficult/technical

3. If you were given the task of improving this workshop, what would you change?

4. Please share any other comments that would help up to strengthen this course.