**Satisfaction Survey**

**The Indiana Governor’s Council for People with Disabilities (“GCPD”) provides financial support to this project. Please provide satisfaction feedback to help shape future programming.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Event** |  | **Date of Event** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Would you recommend this event to a friend, family member, or colleague? | | | | | | | | | |
| Not at all | | I might | | I would probably | | I would definitely | | I already have | |
|  | |  | |  | |  | |
| 1. Would you participate in another event provided by this organization? | | | | | | | | | |
| Not at all | | I might | | I would probably | | I would definitely | | I already have | |
|  | |  | |  | |  | |
| 1. How satisfied are you with the subject(s) covered at the event? | | | | | | | | | |
| Not at all | | A little | | Somewhat | | Very | | Perfectly | |
|  | |  | |  | |  | |
| 1. How satisfied are you with the way subject matter was presented? | | | | | | | | | |
| Not at all | | A little | | Somewhat | | Very | | Perfectly | |
|  | |  | |  | |  | |
| 1. What was your favorite part of the event? | | | | | | | | | |
|  | | | | | | | | | |
|  |  | |  | |  | |  | |  |
| 1. How would you change this event? | | | | | | | | | |
|  | | | | | | | | | |
|  |  | |  | |  | |  | |  |
| 1. What other comments do you have? | | | | | | | | | |
|  |  | | | | | | | | |