

Proposal Budgeting Basics

Participant Feedback

Please complete and return this form at the end of the session.

Date: _____

1. The class addressed the stated objectives: Yes No Somewhat

If no, please explain: _____

2. I learned something from this class that will help me in my work: Yes No

3. What were the MOST USEFUL parts of the class?

Tips/ideas I am taking away

Instructor's knowledge/skills

Handouts

Q&A

Other (describe) _____

4. I would recommend this class to others: Yes No

5. What Center services have you previously explored?

None

Library

Other free training classes

Full-day seminars and workshops

Meet the Grantmakers/Dialogue with Donors

Other events and programs

Center's web site

Associate Program membership

Other (describe) _____

6. Do you have any COMMENTS or SUGGESTIONS, such as ways to improve this class and/or other programs that you would like us to offer?
