



## Evaluation

Unit/Community/Ministry:

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Address:





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Safeguarding Contact

Person(s): \_\_\_\_\_

Safeguarding Focal Person(s):

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Just tick (√)	 <b>very good</b>	 <b>good</b>	 <b>ok</b>	 <b>not satisfied</b>
	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
1. The content				
2. Interaction/ exercise/ group work				
3. Discussions and theme				
4. Reflection				
5. Your expectation is/are met				
6. Duration/ time				
7. Any feedback to presenter for improvement in next workshop?				
8. What would you like to suggest for next session (if you are to) or what would you omit?				
9. What did you learn from this session? (optional)				



Standard 1

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