**Workshop:**

**Workshop Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please help us improve this workshop by providing us with some feedback about your experience today.*

**What did you find most useful about this session?**

**How will you use this new information/skill?**

**What do you still find challenging about this topic?**

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

**My level of knowledge about the topic of today’s workshop BEFORE attending today was (*select one*):**

( ) No knowledge ( ) Some knowledge ( ) Expert knowledge

**My level of knowledge about the topic of today’s workshop AFTER attending today (*select one*):**

( ) Was unchanged ( ) Increased somewhat ( ) Increased a lot

**The information & content presented in the workshop today was (*select one per row*):**

( ) Too little ( ) Just right ( ) Too much

( ) Not relevant to the subject ( ) Somewhat relevant ( ) Very relevant

( ) Not useful ( ) Somewhat useful ( ) Very useful

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

**How did you hear about this workshop?**

( ) Library website ( ) Librarian ( ) Professor or department ( ) Poster ( ) Social media

( ) Entrepreneurs.utoronto.ca website ( ) Classmate/student ( ) Newsletter (which one?)

( ) Campus accelerator (e.g. Hatchery) ( ) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your primary program affiliation?**

**Other comments? Please share them below or on the back of this form. Thank you!**