



The best way to play™

HIGH FIVE® Workshop Evaluation Form



LIFESAVING SOCIETY™
The Lifeguarding Experts

Workshop Name: _____ Date: _____

Organization: _____

Facilitator Name: _____

Your experience in this workshop is important to us and your feedback will be used to enhance the experience for others in future workshops. Please note that your responses are anonymous unless you make the choice to add your contact information in the comment section below.

Please **circle** the number that is closest to your experience.

Content Evaluation	RATING:				
	5 = extremely satisfied	4	3	2	1 = not satisfied
The workshop content is applicable to my scope of work.	5	4	3	2	1
I am confident that I can implement what I have learned in this workshop.	5	4	3	2	1
Overall satisfaction of the workshop content.	5	4	3	2	1
Facilitator Evaluation					
Presented material in an organized fashion.	5	4	3	2	1
Asked effective open-ended questions to generate thought.	5	4	3	2	1
Provided opportunities for interactive learning.	5	4	3	2	1
Tailored the content to address the target audience.	5	4	3	2	1
Kept the attention and interest of the audience throughout the workshop.	5	4	3	2	1
Modeled the Principles of HIGH FIVE®.	5	4	3	2	1
Overall satisfaction of the workshop delivery.	5	4	3	2	1

Comments:



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Lifesaving Swim Instructors with HIGH FIVE® PHCD
HIGH FIVE® A quality standard for children's sport and recreation
Founded by Parks and Recreation Ontario



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