**Satisfaction Survey**

**The South Carolina Developmental Disabilities Council provides financial support to this project. Please provide satisfaction feedback to help shape future programming.**

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| --- | --- | --- | --- |
| **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?
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|  |
|  |  |  |  |  |  |
| 1. What other comments do you have?
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