**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** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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? | | | | | | | | | |
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| 1. How would you change this event? | | | | | | | | | |
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| 1. What other comments do you have? | | | | | | | | | |
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