



## Civil Liberties Workshop Participant Feedback Form

Thank you for participating in a CCLET Civil Liberties workshop. Your feedback and comments let us know how we are doing and help us to improve.

Date: ..... Name of School: .....

Course/Program/Conference: .....

Name of Instructor: ..... CCLET Presenter: .....

Were you engaged by the workshop delivery and method?

1 not engaged       2       3       4 very engaged

Comments: .....

Was the subject matter covered in the workshop relevant to you in your current/future profession?

not relevant       2       3       4 very relevant

Comments: .....

Following the workshop, did the concepts or content have an impact on you?

1 no impact       2       3       4 significant impact

If you felt the workshop had an impact on you, please describe: .....

.....

Would you participate in a CCLET Civil Liberties workshop again?  Yes  No

Additional comments: .....

.....

.....

Sign me up for the Canadian Civil Liberties Association e-bulletin to keep me informed of ongoing issues and work of the CCLA/CCLET. E-mail address: .....

Will you permit the CCLET to use your comments to promote the education program on the CCLA/CCLET website, on flyers and grant applications?

Yes, you may use my comments and my name: .....

Yes, you may use my comments anonymously

No, please do not use my comments to promote the CCLET education program

**Thank you for your feedback!**