

Evaluation Form Co-design













Activity Evaluation Form
Activity Title:
Date:
Facilitator:
Part 1: Participant Information
1. Name (Optional):
2. Role/Position:
3. Organization/School:
Part 2: Activity Content and Delivery
1. How would you rate your overall satisfaction with the activity?
 □ Very Satisfied
 □ Satisfied
• □ Neutral
 □ Dissatisfied

 □ Very Dissatisfied
2. How clear and understandable was the content presented?
2. How clear and understandable was the content presented?
· □ Very Clear
 □ Clear
• □ Neutral
• □ Unclear
 □ Very Unclear
3. How engaging was the activity?
 □ Very Engaging
 □ Engaging
· □ Neutral
• □ Not Engaging
 □ Very Disengaging
4. Was the time allocated for each section appropriate?
 □ Strongly Agree
· □ Agree
· □ Neutral
 □ Disagree
 □ Strongly Disagree
Part 3: Learning Outcomes
1. How well do you feel you understand the principles of co-design after this session?

□ Excellent Understanding

•	□ Good Understanding
•	□ Moderate Understanding
•	□ Minimal Understanding
•	□ No Understanding
2.	. How confident do you feel in applying the co-design process in your work?
•	□ Very Confident
•	□ Confident
•	□ Neutral
•	□ Not Confident
•	□ Not at All Confident
3.	. Which part of the session did you find most valuable?
•	□ Overview of Co-Design Principles
•	□ Exploration of Co-Design Stages
•	□ Methodologies and Tools
•	□ Interactive Activities
•	□ Other:
4	. What was the least valuable part of the activity? (Optional):
•	□ Overview of Co-Design Principles
•	□ Exploration of Co-Design Stages
•	□ Methodologies and Tools
•	□ Interactive Activities
•	□ Other:

Part 4: Feedback and Suggestions

1. What did you enjoy most about the activity?
(Please provide specific details.)
2. What could be improved for future activity?
(Please provide specific suggestions.)
3. Additional Comments:
Part 5: Future Engagement
1. Would you be interested in participating in further training on co-design?
• □ Yes
• □ No
2. Would you recommend this activity to others?
• □ Yes
• □ No