



# VM Facilitator Feedback Form B



(filled by Facilitator)

Study Title: \_\_\_\_\_

Date: \_\_\_\_\_ No. of Days: \_\_\_\_\_ Location: \_\_\_\_\_

Client's Organization: \_\_\_\_\_

Please tick the appropriate line or box: -		VERY POOR	POOR	AVERAGE	GOOD	VERY GOOD
1.	Client preparation					
2.	Client management of process					
3.	Attitude of participants					
4.	No. of key stakeholders present					
5.	Objectives of workshop achieved					
6.	Appropriateness of length of workshop					
7.	Client expectations met or exceeded					
8.	Suitability of venue					
9.	Refreshments quality					
10.						
11.						
12.						

Please add any other comments you wish to make. Thanks for your time and feedback.

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Name of Client: \_\_\_\_\_ Position: \_\_\_\_\_

Name of Respondent: \_\_\_\_\_ Date: \_\_\_\_\_

Note : Please send the completed feedback form to Dr. Mei-yung LEUNG, Membership Secretary of HKIVM ([bcmei@cityu.edu.hk](mailto:bcmei@cityu.edu.hk)).