# **“Building Effective Safety Oversight of AIS and AIM”**

**Participant Feedback**

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| **Name** (Optional)**:** |
| **Organization** (Optional)**:** |

For each item identified below, circle the number   
to the right that best fits your judgment of its quality.   
Use the rating scale to select the quality number.

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| --- | --- | --- | --- | --- | --- |
| Evaluation Questions | Scale | | | | |
| Poor | Good | | | Excellent |
| 1. How would you rate the structure of the Workshop (length of Workshop, length of individual presentations, and order of presentation)? | 1 | 2 | 3 | 4 | 5 |
| 1. Please circle the number to the right that best describes how well the speakers did in presenting the material. | 1 | 2 | 3 | 4 | 5 |
| 1. How would you rate the Workshop content? | 1 | 2 | 3 | 4 | 5 |
| 1. How would you rate the Activities? | 1 | 2 | 3 | 4 | 5 |
| 1. How would you rate the supplemental online resources? | 1 | 2 | 3 | 4 | 5 |
| 1. Overall, how well did the Workshop meet your expectations? | 1 | 2 | 3 | 4 | 5 |

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| **Additional comments or suggestions to improve the Workshop:** |
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| **Would you recommend that others attend this Workshop?** (circle your response) **YES NO** |

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| --- | --- | --- | --- | --- |
| **How likely are you to attend a future Air Navigation Safety Oversight event?** (circle your response) | | | | |
| Very Likely | Somewhat Likely | Maybe | Not Very Likely | Highly Unlikely |

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| **Please describe how you will use the information presented in the Workshop to improve the safety of air navigation services:** |
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| **Please share your suggestions for specific topics to discuss in a future event:** |
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**THANK YOU for your feedback!**