**Culture Workshop Evaluation Sheet**

**Organization Name： Date：**

Please indicate your response by ticking the appropriate box.

|  |  |  |
| --- | --- | --- |
|  | Poor Excellent 1 2 3 4 5 | N/A |
| Your overall impression of the workshop |  |  |  |  |  |  |
| To what level did the workshop meet your expectations |  |  |  |  |  |  |
|  |
| *Please leave your evaluation for each item:* |
| Mandarin Taster Sessions |  |  |  |  |  |  |
| Traditional Festival Workshops |  |  |  |  |  |  |
| Calligraphy |  |  |  |  |  |  |
| Handcraft |  |  |  |  |  |  |
| Martial Arts (Kong Fu, Taichi) |  |  |  |  |  |  |
| Traditional Chinese Musical Instruments |  |  |  |  |  |  |
| Chinese Cooking |  |  |  |  |  |  |
| Traditional Chinese Games |  |  |  |  |  |  |
| Musical Instrument Club |  |  |  |  |  |  |
| Taichi Club |  |  |  |  |  |  |
| *Please leave your intention here:* |
| Carry out similar workshops in the future |  |  |  |  |  |  |
| Introduce CCAWS and the activities to other organizations |  |  |  |  |  |  |
| Conduct a mandarin course in the future |  |  |  |  |  |  |

Did you carry out workshops about Chinese language and culture before? If yes, can we know who helped with the workshops, please?

Do you have any suggestions on the design, difficulty, and content of the workshop?

Do you have any suggestions as to how we might improve the workshop and anything can be added to the workshop?

Could you please leave some more overall comments?

□Please tick the box if you don’t want your comments be published on website or introduced to others.

Your name and job title (Optional)­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Many thanks