



BOTSWANA BUREAU OF STANDARDS
Event Evaluation Form

BD/GP/P03/F02

Issue No: 03

Please kindly complete this evaluation form by ticking where necessary to help us evaluate customer satisfaction

Organization _____ Name: _____ (Optional)

Name of event: _____ Date: _____

Was this your first contact with BOBS? Yes No

How did you come to know about this event?

Invitation Radio TV Newspaper Other (specify) _____

For specifying the level of performance, please use the following rating scale when answering:

1. Strongly disagree 2. Disagree 3. Agree 4. Strongly agree

1 The objectives and content of the presentations satisfied my needs/expectation.
1 2 3 4

2 I gained valuable knowledge on the subject matter
1 2 3 4

3 The event was well organised.
1 2 3 4

4 The length of the workshop/presentations was just right
1 2 3 4

5 The quality of the discussions was good.
1 2 3 4

6 I will recommend this event to anyone interested.
1 2 3 4

7 The presentation skills of the presenter(s) were of a good standard.
1 2 3 4

Presenter 1 1 2 3 4

Presenter 2 1 2 3 4

Presenter 3 1 2 3 4

Presenter 4 1 2 3 4

8. How would you like BOBS to improve on the presentation(s)/workshop(s) in future?

9. How else would you like BOBS to help you or your organization? (Tick)

Calibration/Verification Certification Consultancy (Laboratory) Standardization

Testing Training Other (Specify) _____

10. Any other comments? (Please turn the page over for additional comments.)

