

## OrganizingWORKS! Evaluation

Please circle your answers.

- |                                   |           |      |                    |      |
|-----------------------------------|-----------|------|--------------------|------|
| 1. Overall rating for the talk    | Excellent | Good | Fair               | Poor |
| 2. Effectiveness of the presenter | Excellent | Good | Fair               | Poor |
| 3. Did you learn anything useful? | Yes       | No   | If yes, list below |      |

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4. What part of the class was your favorite? (The topics, getting ideas?)

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5. What was your least favorite part of the class?

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| 6. Were your expectations met?                           | Yes | No |
| 7. Would you recommend my services to a friend/relative? | Yes | No |
| 8. Are you interested in getting organized?              | Yes | No |

9. In the near future, I may send out a newsletter on Organizing Tips. I am not sure how often yet, it could be every quarter or once month. Would you be interested in receiving a newsletter?
- |     |    |
|-----|----|
| Yes | No |
|-----|----|

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ (over)

(ALL MAILING INFORMATION IS FOR ME ONLY. I WILL NOT BE SHARING WITH ANY OTHER COMPANY!)

Additional Comments: \_\_\_\_\_

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What topics would you be interested in taking a class on in the future?

\_\_\_\_\_

Thank you for your comments!