**Global Learning Festival – [Event Name]**

**Feedback Form - Participant**

Thank you for participating in our online learning event as part of the Global Learning Festival.

We value your feedback on the event/activity you attended.

This survey should take approximately 5 minutes to complete.

1. Gender:
   * Male
   * Female
   * Other
   * Prefer not to state
2. Your City:
3. Your Country:
4. What language do you speak at home?
5. How many other languages do you speak?
6. Age:
   * Under 12
   * 13-18
   * 19-35
   * 36-50
   * 51-65
   * 66+
7. On a scale of 1 to 5 please rate how satisfied you were with this event/activity:

1 = not satisfied 5 = very satisfied

* 1
* 2
* 3
* 4
* 5

1. On a scale of 1 to 5 please circle how satisfied you were with this event/activity as a learning experience:

1 = not satisfied 5 = very satisfied

* 1
* 2
* 3
* 4
* 5

1. How did you first hear of this event?
2. Can you tell us all the other ways you heard of this event? (choose as many as you like)

* Word of mouth
* Newspaper
* Social Media – Global Learning Festival Facebook page or other FB page?
* Posters
* Library
* Global Learning Festival Website
* Global Learning Festival Program Guide
* Other

1. What other benefits/comments did you experience from attending this event?
2. How likely would you be to attend a similar event in the future?
3. How many other Global Learning Festival Events did you attend or register for?

(please comment)

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

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_