

# MASC Seniors Program Organizer Evaluation (Workshop)

Name \_\_\_\_\_ Organization: \_\_\_\_\_  
Date: \_\_\_\_\_ Artist/Group: \_\_\_\_\_

Please answer the following questions by circling a number from 1 to 5  
(1 being the lowest and 5 being the highest)

## Working with MASC

**1) The booking process with MASC was smooth.**

1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree 5 N/A

**2) The MASC artist had the skills and competences of a highly trained professional.**

1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree 5 N/A

## Workshop Content

**3) The performance was interesting and engaging**

1 not very 2 slightly 3 adequately 4 very 5 highly

**4) The artistic content of the program was**

1 very low 2 low 3 adequate 4 good 5 very high

**5) The program was original**

1 not at all 2 a little 3 adequate 4 very 5 highly

**6) Participants skills and/or knowledge was broadened**

1 not at all 2 a little 3 adequate 4 a lot 5 a great deal

**7) a) How long was your session?**

**b) Was this about the right amount of time?**

**8) Was this workshop appropriate for your audience?**

\_\_\_\_\_

**9) What was most successful about your session?**

\_\_\_\_\_

\_\_\_\_\_

**10) What would you change next time?**

\_\_\_\_\_

\_\_\_\_\_

**11) Are there any suggestions you would make for the artists who will be working with seniors? Other comments? quotes from participants?**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**May we contact you in the future: YES NO**  
**Contact information**

**MASC Seniors Program**  
**Organizer Evaluation (Workshop)**