



## Employment insurance: Navigating the EI Claim Process workshop Participant feedback form

Facilitator: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Location: \_\_\_\_\_ Local no. \_\_\_\_\_

Rating scale: 1—Not met    2—Satisfactorily met    3—Mostly met    4—Fully met

Objectives	1	2	3	4	Comments
To provide teachers with the information they need to:					
• make effective, error-free applications for employment insurance.					
• maximize their benefits.					
• extend those benefits throughout the school year.					

Content			Comments
Workshop content met my expectations.	Y	N	
Sufficient time was allocated.	Y	N	
Handout materials were useful.	Y	N	

Delivery			Comments
Facilitator was confident and capable in delivery of workshop.	Y	N	
Facilitator was on time and organized.	Y	N	
Facilitator was receptive to feedback and questions.	Y	N	

I really appreciated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggestions: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for completing this form. Your feedback is appreciated.  
Please return the completed form to facilitator.

If you wish a response to any concern(s), please give us your email address.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Email