

## Storytelling Workshop Feedback Form



Visit Organisers Name \_\_\_\_\_

Name of School/Organisation \_\_\_\_\_

Email address of Visitor Organiser \_\_\_\_\_

Date of visit \_\_\_\_\_

What did you enjoy about the session? \_\_\_\_\_

\_\_\_\_\_

If you could describe your experience of the session in four words,  
what would they be? \_\_\_\_\_

\_\_\_\_\_

Were there elements of the session that you would like to see change or  
develop further? \_\_\_\_\_

\_\_\_\_\_

Was the session appropriate for the age group? \_\_\_\_\_

\_\_\_\_\_

Is there anything else about the session that you wish to comment on?

\_\_\_\_\_

\_\_\_\_\_

Would you be interested in future storytelling sessions?

\_\_\_\_\_

Please return the completed feedback form to the email address below.

Storyteller and workshop leader Dr Patricia Ealey MBE  
email: [talkingink@btinternet.com](mailto:talkingink@btinternet.com)