

EVALUATION FORM

Workshop Title:

Date:

Location:

Lead Trainer:

Facilitator(s): _____

YOUR SCHOOL DISTRICT / ORGANIZATION

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CITY where you work

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POSITION: Check the one that best describes your occupation.

- | | | |
|---|---|---|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> ADE Consultant | <input type="checkbox"/> Ed. Cooperative Consultant |
| <input type="checkbox"/> Special Ed Administrator/Consultant | <input type="checkbox"/> Paraprofessional | <input type="checkbox"/> Higher Education |
| <input type="checkbox"/> Early Childhood Coordinator | <input type="checkbox"/> Parent / Surrogate | <input type="checkbox"/> Other |
| <input type="checkbox"/> General Ed Teacher _____ Years of Experience | <input type="checkbox"/> Related Services Professional/Consultant | |
| <input type="checkbox"/> Special Ed Teacher _____ Years of Experience | <input type="checkbox"/> Speech - Language | |
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Please evaluate the training session.
Mark one answer for each question.

	Excellent (5)	Very Good (4)	Good (3)	Fair (2)	Poor (1)
1. The objectives of the workshop were clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The presentation of the information/content was clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The presenter was knowledgeable about the topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Examples were used to clarify important points/concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The presenter was interesting and enthusiastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Questions were answered effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The handouts or other support materials were	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The workshop organization was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My overall rating of the workshop is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Would you recommend this workshop? If no, please comment below. Yes No

What Workshop would you want next? _____

What was the best part of the Workshop? _____

How could the Workshop be improved? _____
