WORKSHOP EVALUATION FORM

Workshop Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For each of the following areas, please indicate your reaction:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Content** | **Excellent** | **Good** | **Needs Improvement** | **Not Applicable** |
| Covered Useful Material |  |  |  |  |
| Practical to My Needs and Interests |  |  |  |  |
| Well Organized |  |  |  |  |
| Presented at the Right Level |  |  |  |  |
| Effective Activities |  |  |  |  |
| Useful Visual Aids and Handouts |  |  |  |  |
| **Presentation** | **Excellent** | **Good** | **Needs Improvement** | **Not Applicable** |
| Instructor’s Knowledge |  |  |  |  |
| Instructor’s Presentation Style |  |  |  |  |
| Instructor Covered Material Clearly |  |  |  |  |
| Instructor Responded Well to Questions |  |  |  |  |
| How could this workshop be improved? |  |  |  |  |