

NORWALK PUBLIC SCHOOLS
WORKSHOP EVALUATION FORM

TO THE PARTICIPANT: This evaluation form will be used as proof of your participation in this workshop. Please fill it out carefully, sign it, and be sure to hand it in.

Name of Participant: _____

Title of Workshop: _____

Name of Presenter: _____

Signature of Participant: _____

Listed below are the objectives of the workshop as stated by the presenter. Please rate the extent to which the objectives were achieved. Use the following scale:

1 - Not at All 3 - Mostly
2 - Somewhat 4 - Completely

THE PARTICIPANT WILL:

(CHECK ONE)

1. _____ 1 2 3 4
2. _____ 1 2 3 4
3. _____ 1 2 3 4

Please evaluate the presenter(s) using the following scale:

SD - Strongly Disagree A - Agree
D - Disagree SA - Strongly Agree
U - Undecided

Name of Presenter: _____ (CHECK ONE)

- a. Clearly presents the material SD D U A SA
- b. Maintains lively discussion SD D U A SA
- c. Uses good examples to illustrate points SD D U A SA
- d. Responds clearly to questions SD D U A SA

Name of Presenter: _____ (CHECK ONE)

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- d. Responds clearly to questions SD D U A SA

ADDITIONAL COMMENTS MAY BE ADDED ON THE BACK OF THIS PAGE.