



## Workshop Evaluation

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Please submit completed workshop evaluation forms to registration desk or to workshop volunteer (if applicable).

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**Workshop Title:** \_\_\_\_\_

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**Lead Presenter:** \_\_\_\_\_

**Lead Presenter:** \_\_\_\_\_

**Day:**                      Friday                      Saturday

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**Rate elements of the workshop using this scale:**

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5	4	3	2	1	N/A
Excellent	Good	Satisfactory	Fair	Poor	N/A

5	4	3	2	1	N/A
Excellent	Good	Satisfactory	Fair	Poor	N/A

**Length of the session:**

Too short                      Just right                      Too long

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Too short                      Just right                      Too long

**Session started and ended on time:**

5                      4                      3                      2                      1                      N/A

**Session started and ended on time:**

5                      4                      3                      2                      1                      N/A

**Presenter's knowledge of the topic:**

5                      4                      3                      2                      1                      N/A

**Presenter's knowledge of the topic:**

5                      4                      3                      2                      1                      N/A

**Material presented in practical and orderly narrative:**

5                      4                      3                      2                      1                      N/A

**Material presented in practical and orderly narrative:**

5                      4                      3                      2                      1                      N/A

**Co-presenter(s) offered valuable support:**

5                      4                      3                      2                      1                      N/A

**Co-presenter(s) offered valuable support:**

5                      4                      3                      2                      1                      N/A

**Material was informative and resourceful:**

5                      4                      3                      2                      1                      N/A

**Material was informative and resourceful:**

5                      4                      3                      2                      1                      N/A

**I felt engaged in the learning experience:**

5                      4                      3                      2                      1                      N/A

**I felt engaged in the learning experience:**

5                      4                      3                      2                      1                      N/A

**I wish I could have learned more about...**

**I wish I could have learned more about...**

**Anything else you would like to tell us...**

**Anything else you would like to tell us...**