Type of Workshop: Click or tap here to enter type of workshop.

Presenters: Click or tap here to enter Presenter(s)

Location: Click or tap here to enter location of workshop.

Date: Click or tap here to enter date of workshop.

Please rate the following items on a scale from 1 to 5 by circling the appropriate number:

1=Strongly Disagree (SD); 2 = Disagree (D); 3 = Not Sure (NS); 4 = Agree (A); 5 = Strongly Agree(SA).

1. I felt that the training session was well organized and the main points were well covered and clarified.

2. I felt that the facilitators demonstrated comprehensive knowledge of the subject matter.

3. The facilitators helped me to understand how the training material related to my own professional role.

4. I felt that the facilitators conveyed ideas effectively and clearly and the material was informative and easy to understand.

5. I gained usable skills and will be able to use them in my student role.

SD

S

NS

A

SA

6. What was the most valuable aspect(s) of the training?

Click or tap here to enter the most valuable aspect(s) of the training.

7. What could have been done to improve this training?

Click or tap here to enter what could be done to improve this training.

8. Additional Comments or suggestions:

Click or tap here to enter any additional comments or suggestions.

Name (optional): Click or tap here to enter your name (optional)

School (optional): Click or tap here to enter your school (optional)