

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 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| 2. _____ | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| 3. _____ | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |

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 <input type="checkbox"/> D <input type="checkbox"/> U <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> |
| b. Maintains lively discussion | SD <input type="checkbox"/> D <input type="checkbox"/> U <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> |
| c. Uses good examples to illustrate points | SD <input type="checkbox"/> D <input type="checkbox"/> U <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> |
| d. Responds clearly to questions | SD <input type="checkbox"/> D <input type="checkbox"/> U <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> |

Name of Presenter: _____ (CHECK ONE)

- | | |
|--|--|
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| d. Responds clearly to questions | SD <input type="checkbox"/> D <input type="checkbox"/> U <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> |

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