WORKSHOP/ACTIVITY EVALUATION

Workshop/Activity Name (and Number if applicable):
______________________________________________

Workshop Presenter: ____________________________________________________________

Time/Date: __________________________ Location: __________________________________

Workshop/Activity Goal(s) are provided by the Presenter and may be found in the workshop
description on the District’s Registration site located at:

Please rate the workshop/activity from 1 to 5 in each category (circle your answer):
(5=Strongly Agree, 4=Slightly Agree, 3=No Opinion, 2=Slightly Disagree, 1=Strongly Disagree)

5 4 3 2 1 I learned what I came to learn in this workshop/activity.
5 4 3 2 1 The workshop/activity met the stated goals.
5 4 3 2 1 The manner in which workshop/activity material was presented (examples, handouts,
    overhead, Internet, audio/visual, etc.) helped me to understand the subject matter.
5 4 3 2 1 The presentation was generally clear and easy to understand.
5 4 3 2 1 The workshop/activity will have a positive impact on my work and/or personal
    life/health and well-being.
5 4 3 2 1 The workshop/activity will have a significant impact on student learning and success/
    achievement.

What is your major take-away OR what is one thing that you would do differently after attending this
Workshop/activity?
______________________________________________________________________________
______________________________________________________________________________

What were the major strengths of the workshop/activity?
______________________________________________________________________________
______________________________________________________________________________

What changes to the workshop/activity would you suggest? __________________________
______________________________________________________________________________
______________________________________________________________________________

What additional training (if any) would you like to see offered on this topic? __________________
______________________________________________________________________________
______________________________________________________________________________

Other Comments: ________________________________________________________________
______________________________________________________________________________

Note to Workshop/Activity Facilitators: Please forward copies of the completed workshop evaluations to
the Office of College Advancement, Attn: PDAC. If you would like assistance in doing a workshop
evaluation using survey monkey, please call Mary Oleson, 439-2181, ext. 3255. Thank you.