

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:

<https://insite.4cd.edu/webapps/staffdevelopment/WorkshopEnrollment/Default.aspx?campus=lmc>

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.