

Workshops 1 and 2 Evaluation Form

In order to determine the effectiveness of this professional development workshop in meeting your needs and interests, we need your input. Please give us your reactions, and make any comments or suggestions that will help us plan future workshops.

Instructions: Please respond to the questions below by placing a check mark (✓) in the box that corresponds to your level of agreement from *Strongly Disagree* to *Strongly Agree*. Please select only one response for each question.

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Overall, I am satisfied with this workshop.					
2. The workshop met the learning outcomes.					
3. The teaching materials and equipment were appropriate in meeting learning outcomes.					
4. The instructor(s) were well prepared.					
5. The handouts will be of help to me.					
6. I will be able to apply these skills to my practice.					
7. The amount of time scheduled was exactly what was needed to meet the learning outcomes.					
8. The instructor(s) demonstrated thorough knowledge of the subject.					
9. My knowledge and/or skills increased as a result of this workshop.					
10. I would recommend this workshop to colleagues.					

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- What aspect of this professional development workshop was most valuable to you?
- What would you change in this professional development workshop that would have made it more valuable to you?
- What follow-up activities or next steps do you see as a result of this professional development workshop?