

## Teacher Workshop Evaluation

Date of Workshop \_\_\_\_\_

Workshop Topic \_\_\_\_\_

**1. The workshop was useful for me as a teacher/educator**

Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

**2. The workshop will help me better understand the health issues facing my students**

Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

**3. I now feel better qualified as a teacher/educator to recognize when a student has the specific health issue discussed today**

Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

**4. I now feel comfortable with when to refer a student to the SBHC regarding the specific health issue discussed today**

Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

**5. I now feel more comfortable discussing the specific health topic discussed today with my students**

Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

**6. What were the strengths of the workshop?**

**7. What could have been improved about the workshop?**

**8. Additional comments**