WORKSHOP EVALUATION FORM

Name of Presenter: _____ Date:_____

Title of Workshop: _____

(1 = lowest score, 5 = highest score)

1. How would you rate the usefulness of the content?

    1   2   3   4   5

2. How would you rate the hands-on activities?

    1   2   3   4   5   N/A

3. How would you rate the presenter's knowledge in the subject?

    1   2   3   4   5

4. How would you rate the presenter's style of teaching?

    1   2   3   4   5

5. How would you rate the pace of the presentation?

    Too fast   Too slow   Just right

6. Was the workshop above or below your current skill level?

    Above   Below   Just right

7. What did you like best or find most useful about the presentation?

8. What skills did you learn that may help prepare you for technology integration in the classroom?

9. Were your personal learning goals for the course met?

    Yes   No

    If "No," please describe those expectations that were not met.

10. Any other comments?