| Date: |  |
| :--- | :--- |
| Workshop Location: |  |
| Presenter(s): |  |

Please respond to the following statements by using the 4-point rating scale to indicate the extent to which you agree or disagree with each statement. Please circle the number that applies.

4=Strongly Agree 3= Agree 2= Disagree 1= Strongly Disagree

| 1. Workshop objectives were stated clearly and met. | $\begin{array}{llll}4 & 3 & 2\end{array}$ |
| :---: | :---: |
| 2. The workshop was well organized. | $\begin{array}{llll}4 & 3 & 2\end{array}$ |
| 3. The workshop helped me to learn how to use the curriculum effectively with my students. | 4321 |
| 4. The information and/or skills presented were relevant and useful | $\begin{array}{llll}4 & 3 & 2\end{array}$ |
| 5. The presenter(s) provided adequate time for questions and answered them satisfactorily. | $\begin{array}{llll}4 & 3 & 2\end{array}$ |
| 6. The presenter(s) modeled student-centered learning strategies and techniques. | $\begin{array}{llll}4 & 3 & 2\end{array}$ |
| 7. This workshop increased my knowledge and skills in science. | $\begin{array}{lllll}4 & 3 & 2 & 1\end{array}$ |
| 8. The information and/or skills presented were relevant and useful. | $\begin{array}{llll}4 & 3 & 2\end{array}$ |
| 9. The workshop as presented was congruent with the workshop description. | $\begin{array}{llll}4 & 3 & 2\end{array}$ |
| 10. The presenter(s) allowed me to work with and learn from others. | $\begin{array}{llll}4 & 3 & 2\end{array}$ |
| 11. The presenter(s) suggested ways to follow up the training. | $\begin{array}{llll}4 & 3 & 2\end{array}$ |
| 12. The materials provided were useful. | $4 \begin{array}{llll}4 & 3 & 2\end{array}$ |
| 13. The materials were appropriate for the program. | $\begin{array}{lllll}4 & 3 & 2 & 1\end{array}$ |
| 14. The physical arrangements were adequate. | $\begin{array}{lllll}4 & 3 & 2 & 1\end{array}$ |

## Workshop Evaluation Form

| 15. How would you rate this workshop? (please check one) | $\square$ Excellent <br> $\square$ Very Good$\square$ Good <br> $\square$ Not Good |
| :--- | :--- |
| 16. How comfortable are you in continuing to use this program? | $\square$ Very $\square$ Not at all $\square$ Somewhat |
| 17. Areas/topics about which you would like to receive further <br> training: |  |

18. Suggestions for improving this workshop:
