

Rib Lake School District Workshop Evaluation

Workshop Title: _____

Presenter: _____

Participation Dates and Titles:

	Technology Title	Date
<input type="checkbox"/>		
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	Technology Title	Date
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Rate how beneficial the overall workshop has been for you according to the following scale:

	(5) Extremely	(4) Very	(3) Moderately	(2) Slightly	(1) Not at all
How clear & organized was the workshop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How effective were the workshop activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How effective was the delivery of workshop content?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How effective was the overall workshop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What skills, techniques, information, etc. were particularly useful to you? Were not useful to you?

<u>USEFUL</u>	<u>NOT USEFUL</u>

In which specific areas of this workshop do you feel that you could benefit from more instruction and/or practice?

How will you implement the knowledge, skills, and/or activities learned from this workshop in your own practice?

Would you recommend this workshop to your colleague? **YES** or **NO** (please circle one)
Why, or Why not?

Comments _____

