WORKSHOP EVALUATION FORM

Name of Presenter:			Date:
Title o	f Workshop:	d you rate this workshop? d you rate the usefulness of the content? 2	
Overa	ll, how would you ra	ate this worksh	nop?
1.	•		
2.	How would you rate	the hands-on a	activities?
	(1 2	3 4	5)
3.			
4.	How would your rat		
5.	How would you rate	the pace of the	e presentation?
	(Too fast	Too slow	Just right)
6.	Was the workshop a (Above	above or below y Below	your current skill level? Just right)
7.	What did you like b	est or find most	t useful about the presentation?
8.	What skills did you the classroom?	learn that may l	help prepare you for technology integration in
9.	Were your personal learning goals for the course met? If "No," please describe those expectations that were not met.		
10.	. Any other comment	s?	