Workshop Evaluation Form

This workshop evaluation is designed to help Mountain Oaks improve our workshop program. Both students and their parents/guardians are invited to evaluate the workshops in which they or their children are enrolled. Please feel free to identify yourself when you take this survey if you would like a follow-up conversation regarding your responses. Otherwise your participation in this evaluation is anonymous.

* 1. Workshop title.

* 2. Name of teacher/instructor.

* 3. Day(s) of Week you attended this workshop.

- [ ] Monday
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday

* 4. Time you attended this workshop.

* 5. Does this class/workshop meet your needs for growth and core curriculum?

○ Never

○ Rarely

○ Sometimes

○ Usually

○ Often

○ Always

* 6. Is the material being presented in an understandable format?

○ Never

○ Rarely

○ Sometimes

○ Usually

○ Often

○ Always

* 7. Does the instructor answer questions clearly and completely?

○ Never

○ Rarely

○ Sometimes

○ Usually

○ Often

○ Always

* 8. Is the instructor organized, prepared and motivating?

   ◯ Never

   ◯ Rarely

   ◯ Sometimes

   ◯ Usually

   ◯ Often

   ◯ Always

* 9. Would you recommend this class/workshop to a friend?

   ◯ Never

   ◯ Rarely

   ◯ Sometimes

   ◯ Usually

   ◯ Often

   ◯ Always

10. What did you enjoy about this class/workshop?

11. What would you like to see changed or added to the workshop?

12. Please list the strengths demonstrated by the workshop instructor.

13. Please list any suggestions for the workshop instructor's improvement.

14. Did you receive a syllabus for this class?

15. Would you like to comment further regarding this workshop?

16. Would you like to be contacted further regarding your responses to this survey? If so, please give contact information below.

◯ Yes

◯ No

17. Your name/Your student's name: (optional response)