NORWALK PUBLIC SCHOOLS WORKSHOP EVALUATION FORM

TO THE PARTICIPANT: This evaluation form will be used as proof of your participation in this workshop. Please fill it out carefully, sign it, and be sure to hand it in.

Name of Participant:	
Title of Workshop:	
Name of Presenter:	
Signature of Participant:	
Listed below are the objectives of the workshop as stated by the presenter. Please rate the extent to which the objectives were achieved. Use the following scale: 1 - Not at All 3 - Mostly 2 - Somewhat 4 - Completely	
THE PARTICIPANT WILL:	(CHECK ONE)
1.	<u> </u>
2	1 2 3 4
3	
Please evaluate the presenter(s) using the following SD - Strongly Disagree D - Disagree U - Undecided	
Name of Presenter:	(CHECK ONE)
a. Clearly presents the materialb. Maintains lively discussionc. Uses good examples to illustrate pointsd. Responds clearly to questions	SD D U A SA SD D U A SA SD D U A SA SD D U A SA
Name of Presenter:	(CHECK ONE)
a. Clearly presents the materialb. Maintains lively discussionc. Uses good examples to illustrate pointsd. Responds clearly to questions	SD D U A SA SD D U A SA SD D U A SA SD D U A SA

ADDITIONAL COMMENTS MAY BE ADDED ON THE BACK OF THIS PAGE.