

Leadership Institute

Embracing Change Cultivating Leaders

WebShop Evaluation

NOTE: Please complete and return electronically – see directions below!

WebS	Shop Title:							
Presenter:			Date Viewed:mm/d	d/yyyy				
Name:			RID/BEI Member #:					
Addre	ess:							
Email:			Phone:					
*For I	Recorded We	bShop participan	ts only – state the time you finished viewing the record	 ding:				
		Time:	AM PM (choose one)					
Time zone: Hawaii Pacific MT CT ET (choose one)								
*This field specifying exact end time must be populated if you viewed a recorded version or CEUs cannot be submitted! By submitting an end time you are stating that you viewed the recording in its entirety.								
I am:	Male Female							
I am:	Deaf Hearing		Hard of Hearing Deaf/Blind					
	Interpreter							
If you	K-12 Mental Heal Legal Corporate/T Other (pleas	th	our primary work setting? (Select one) Post-Secondary Medical Video relay					

Ethnicity: African American/Black Asian American Alaskan Native Hispanic/Latino American		Caucasian Pacific Islander American Indian Other	<u>]</u> <u></u>				
Please indicate your age range:	18-25						
PLEASE RESPOND TO THE FOLLOWING QUESTIONS:							
1. The information presented	will help me to:						
2. I would like more informati	on about:						
3. The most meaningful part of	f this session wa	as:					
4. Do you have any additional experience?	comments you v	would like to share abo	ut your WebShop				
Thank you for completing this evaluation.	Please save this documy.leadershipinstitu		email it as an attachment to:				
Your comments will help to improve the quality of future LI WebShops and events!							
IMPORTANT: Should you have trouble en this document, please print a copy and mai	nailing l to:	Leadership II	nstitute				
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