

CITY OF ORANGE TOWNSHIP PUBLIC SCHOOLS

WORKSHOP EVALUATION FORM

NAME OF WORKSHOP: _____ DATE: _____

PRESENTER: _____ WORKSHOP LOCATION: _____

1. The program objectives were attained: .

Fully	1	2	3	4	5	Not at All

2. The presentation and activities of this workshop were:

Very good	1	2	3	4	5	Unsatisfactory

3. Opportunities for participant involvement during this program were:

Very good	1	2	3	4	5	Low

4. This workshop was appropriate for my position:

Fully	1	2	3	4	5	Not at All

5. The effectiveness of the workshop presenter was:

Very Good	1	2	3	4	5	Unsatisfactory

6. The overall quality of this workshop was:

Excellent	1	2	3	4	5	Unsatisfactory

7. Indicate suggestions to improve this workshop:

8. Please provide at least two suggestions for future workshop topics:

What is your position in the school district? _____