

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? _____