Evaluation Form

Session Title: _____ Service Area: _____

Dates Attended: _____ Instructor/Presenter: _____

Name (Optional): _____ District: _____

Job Title: _____ Number of Years in Current Position: _____

Please complete this questionnaire, by ranking the following items according to the scale, so we may better serve your needs:

	1 = Excellent		2 = Good		3 = Satisfactory		4 = Needs Improvement
PROGRAM CONTENT							
Amount of content							
Clarity of content							
Pace of instruction							
INSTRUCTOR/PRESENTER							
Knowledge of subject							
Organization of information							
DOCUMENTATION							
Helpful during session							
SESSION OVERALL							
Overall, how would you rate this session?							

What did you like most about this session?

How might this session be improved?

Other comments:

Thank you for your input!