**Workshop Evaluation Form**

Workshop Name:

Presenter:

Date(s):

Location:

*Please provide the presenter with a constructive evaluation of the program. Each question is rated on a scale of 1-6. Please circle your answer. Comments are appreciated.*

1. Was the course material relevant in enhancing No Yes

your professional learning?

1 2 3 4 5 6

1. Was the material comprehensive? No Yes

1 2 3 4 5 6

1. Was the course material presented in an No Yes

organized and clear manner?

1 2 3 4 5 6

1. Was the pace of the presentation appropriate? No Yes

1. 2 3 4 5 6

5. Did the presenter(s) invite student participation? No Yes

1. 2 3 4 5 6

6. Did the presenter(s) welcome and answer No Yes

participants’ questions in an open, respectful

and clear way? 1 2 3 4 5 6

7. Was the room comfortable? No Yes

1 2 3 4 5 6

8. Were you able to hear the presenter(s) clearly? No Yes

1 2 3 4 5 6

9.. Were the Audio/Visual materials clear? No Yes

1 2 3 4 5 6

10. Were the learning objectives outlined at the No Yes

start of the training? 1 2 3 4 5 6

11. Was the relevance of experiential exercises No Yes

Made clear? 1 2 3 4 5 6

12. Were you given the option to complete and No Yes

return this form anonymously? 1 2 3 4 5 6

Overall Impression: Poor Excellent

1 2 3 4 5 6

**WHOLE WORKSHOP EXPERIENCE**

Were there aspects of the training that you found less helpful?

What did you find most helpful (e.g. demonstration, practice)?

Additional Comments (we welcome your feedback):

**ADDITIONAL ISST ONLINE TRAINING PARTICIPANT EVALUATION FORM**

**Please answer YES or NO to the following to questions:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  | **Yes/No** |
| 1 | | I was informed that I need to sign in and out on the Chat line at the beginning and ending of each day, and when leaving for and returning from planned breaks. |  |
| 2 | | I was informed that if I joined any training session 10 minutes late or left the training session 10 minutes early, I would not be able to count the time of that training session towards my Certification time or Continuing Education Credits. |  |
| 3 | I was informed that I must give the training my undivided attention and not perform other computer or work-related tasks or send or receive messages or surf the internet during the training sessions. | |  |
| 4 | I was informed that I must ensure that I have a suitable device and a reliable and adequate internet connection for participation in the training. | |  |

Evaluate the quality of the various aspects of the delivery and reception of the training as you experienced it by answering the following questions with a numerical value:

1 – Poor 2 – Fair 3 – Good 4 – Excellent.

You may also write in N/A if the question is not relevant to your training.

|  |  |  |
| --- | --- | --- |
| 1 | Video Quality: Visual clarity of the trainer and other participants |  |
| 2 | Audio Quality: Audio clarity of the trainer and other participants |  |
| 3 | Clarity of PowerPoints |  |
| 4 | Video Presentation: DVD presentations had audio and video clarity |  |
| 5 | Interactive Experiences (role-plays and other dyadic work) was effectively executed |  |