

# *School District of Washington Workshop Evaluation*

Title of workshop or activity: \_\_\_\_\_ Date: \_\_\_\_\_

Presenter: \_\_\_\_\_

Please complete the following statements regarding the recent professional development opportunity. Add comments, recommendations, or suggestions for the presenter next to any question for future presentations.

**1. The presenter(s) was/were knowledgeable about this subject.**

*Strongly Disagree*      *Disagree*      *Agree*      *Strongly Agree*

**2. The workshop materials were clear and well organized.**

*Strongly Disagree*      *Disagree*      *Agree*      *Strongly Agree*

**3. Bullet some of the things you learned or can use in your situation.**

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**4. The instructional/presentation skills were effective and appropriate.**

*Strongly Disagree*      *Disagree*      *Agree*      *Strongly Agree*

**5. Would you recommend this workshop/presenter to others?**

*Strongly Disagree*      *Disagree*      *Agree*      *Strongly Agree*

**6. One question or concern you still have...**