

# Evaluation Form

Date:.....

Location:.....

Thank you for taking the time to fill out this evaluation. It is our desire to maintain a high degree of professionalism as we teach these workshops. Your input will assist us in achieving this goal.

## Rating Scale

|                                     | Excellent | Above Average | Average | Below Average |
|-------------------------------------|-----------|---------------|---------|---------------|
| Overall impression of the presenter |           |               |         |               |
| Overall quality of the program      |           |               |         |               |
| Relevance of subject matter         |           |               |         |               |
| Quality of handouts                 |           |               |         |               |
| Opportunity to ask questions        |           |               |         |               |

What did you hear today that you wished I spent more time on?

.....  
.....  
.....

What wasn't covered that you would like to have heard?

.....  
.....  
.....

What would you tell other people about this program?

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.....  
.....  
.....

**YES!!** Sign me up for your email newsletter!



My Name:

My Email Address: