



# Evaluation Summary Form - Workshops

## Review of Workshop



Approved Sponsor (V#) \_\_\_\_\_

Title: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Workshop Date: \_\_\_\_\_ Number of CEUs awarded: \_\_\_\_\_

The workshop's content area aligns with: Professional Studies General Studies

The workshop's content level aligns with: Little/None Some

Intensive Teaching

Was distance technology used for delivery? Yes No

Was ADA/504 accommodations provided? Yes No

Comments:

Please tally and enter the total number of responses to the following questions:

1. The workshop had clearly stated objectives.

1            2            3            4            5            N/A

2. The content of this workshop was described adequately in ant oTntoobjeTntoobjeD xif... >İ†•p @ (Ha5Ń~Öu l•Dr W JB%©—TOŃr Ö"Z—

---