



# Workshop Evaluation

Date \_\_\_/\_\_\_/\_\_\_ Location of Workshop: \_\_\_\_\_  
SPARK Trainer(s): \_\_\_\_\_

Workshop Attended (Circle):

- Early Childhood
- After School
- K-2
- 3-6
- Middle School
- High School
- ABC's
- Inclusive
- Institute

**Rate the following regarding your overall impression of the workshop:**

	Poor		Average		Excellent
a. Presenter's knowledge	1	2	3	4	5
b. Presenter's skills	1	2	3	4	5
c. Organization of scheduled time	1	2	3	4	5
d. Provided you with new information	1	2	3	4	5
e. Sufficient time to ask questions	1	2	3	4	5
f. Overall usefulness of workshop	1	2	3	4	5
g. Overall quality of presentation	1	2	3	4	5

**Please write any feedback you have on the following:**

1. Trainer: \_\_\_\_\_  
\_\_\_\_\_
2. Workshop Content (Materials, Presentation, Etc.): \_\_\_\_\_  
\_\_\_\_\_
3. Site/Environment: \_\_\_\_\_  
\_\_\_\_\_

**Would you recommend the SPARK Program workshops to others?** (please circle) Yes No

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

We may like to use you as a reference. Please include the following information if it is OK for us to quote any of your above statements or contact you for additional information. Thank you!

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

School/Site: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_