

**WCMA Summer Institute
July 2005
Session Evaluation**

Session Title: **Insert title and presenter here**

Session Date/Time: **Insert date here**

A. Background

1. What is your role? (circle all that apply)

- 1 Parent 2 Para-educator 3 Administrator 4 Service Provider
5 Educator 6 Head Start 7 Physician 8 Mental Health Clinician
9 Other _____

B. Your Ratings

How would you rate:	Poor	Fair	Good	Very Good	Excellent
1. The content	1	2	3	4	5
2. The structure of the session.....	1	2	3	4	5
3. The instructor's knowledge	1	2	3	4	5
4. The usefulness of the session	1	2	3	4	5
5. The handouts	1	2	3	4	5
6. The session overall	1	2	3	4	5

Based on your attendance at this session, to what extent:	Hardly at all	A little bit	Some	Quite a bit	A lot
7. Has your work-related knowledge increased.....	1	2	3	4	5
8. Have your work-related skills increased.....	1	2	3	4	5
9. Has your work-related motivation increased.....	1	2	3	4	5
10. Will you change what you do back on your job	1	2	3	4	5

	No	Probably Not	Maybe	Probably	Yes, Definitely
11. Would you recommend this session to others	1	2	3	4	5

C. Your Comments

1. List **three specific skills** that you learned in this session that **you are going to implement** back on the job. *If you aren't going to implement anything different from what you are already doing, write, "None."*

- 1 _____
2 _____
3 _____

2. What was the best thing about this session?

3. How could this session be improved?