

Workshop:

Date:

Student/Staff

STUDENT/STAFF EVALUATION OF WORKSHOP

The Learning Center requests that you evaluate the workshop you attended. We feel that your feed back is very important to our goal of building a quality program. Your honest responses are appreciated. You do not need to sign this form.

1—strongly disagree; 2—disagree; 3—neutral; 4—agree; 5—strongly agree

1. The facilitator was knowledgeable about the topic of the session. 1 2 3 4 5
2. The facilitator asked us for questions and comments. 1 2 3 4 5
3. The facilitator's rate of instruction was appropriate. 1 2 3 4 5
4. The facilitator was friendly and courteous. 1 2 3 4 5
5. I believe this session was helpful to me as a student/staff. 1 2 3 4 5
6. I plan on using one or more of the techniques discussed. 1 2 3 4 5
7. I would recommend other students attend similar sessions. 1 2 3 4 5
8. What was the most helpful topic discussed?

9. What was the least helpful topic discussed?

10. Additional comments:

Number of credits earned at LLTC _____ 0-30 _____ 30 -60 _____ 60 +