

FMS WORKSHOP EVALUATION FORM

Workshop Title: _____ Today's Date: _____

FMS Field Representative _____

For each of the following areas, please indicate your reaction:

Content	Excellent	Good	Needs Improvement	Not Applicable
Covered Useful Material	[]	[]	[]	[]
Practical to My Needs and Interests	[]	[]	[]	[]
Well Organized	[]	[]	[]	[]
Presented at the Right Level	[]	[]	[]	[]
Effective Activities	[]	[]	[]	[]
Useful Visual Aids and Handouts	[]	[]	[]	[]

Presentation	Excellent	Good	Needs Improvement	Not Applicable
Instructor's Knowledge	[]	[]	[]	[]
Instructor's Presentation Style	[]	[]	[]	[]
Instructor Covered Material Clearly	[]	[]	[]	[]
Instructor Responded Well to Questions	[]	[]	[]	[]

How could this workshop be improved?

Any other comments or suggestions?

Overall, how would you evaluate this workshop training session?

Excellent	Good	Fair	Poor
[]	[]	[]	[]

Name:(optional)_____

School Name: _____