



1. Did the workshop meet your expectations? *(Please check the appropriate box.)*

Completely [] Partially [] Not at all []

Please explain – why or why not?

2. What do you think about the length of the workshop? Consider the limits on your time and the topics discussed. *(Please check the appropriate box.)*

Too Long [] Just Right [] Too Short []

Please explain:

3. How relevant was the workshop to your organization or project's needs? *(Please check the appropriate box.)*

Very Relevant [] Somewhat Relevant [] Not Relevant []

Please explain:

4. Rate the time balance for the following activities. *(Please check only one box for each item listed below.)*

	Far Too Much	Too Much	Just Right	Too Short	Far Too Short
Presentations	[]	[]	[]	[]	[]
Large Group Discussions	[]	[]	[]	[]	[]
Small Group Discussions	[]	[]	[]	[]	[]
Participatory Activities	[]	[]	[]	[]	[]
Practice Lessons	[]	[]	[]	[]	[]
Breaks / Lunch	[]	[]	[]	[]	[]



5. Which part of the workshop was the most useful? Please explain.

6. Which part of the workshop was the least useful? How would you improve this part? Please explain.

7. How would you rate the following? (Please check only one box for each item listed below.)

	Poor	Fair	Good	Very Good	Excellent
Workshop Content Generally	[]	[]	[]	[]	[]
Qualities of an Effective Trainer	[]	[]	[]	[]	[]
Safe Learning Environment	[]	[]	[]	[]	[]
Motivation	[]	[]	[]	[]	[]
Stages of Learning	[]	[]	[]	[]	[]
Active Learning	[]	[]	[]	[]	[]
Lesson Plans	[]	[]	[]	[]	[]
Effective Questioning	[]	[]	[]	[]	[]
Active Listening	[]	[]	[]	[]	[]
Presentation Skills	[]	[]	[]	[]	[]
Giving Clear Instructions	[]	[]	[]	[]	[]
Practice Lessons	[]	[]	[]	[]	[]
Learning Styles	[]	[]	[]	[]	[]
Responding to Participants	[]	[]	[]	[]	[]
Adapting Lessons	[]	[]	[]	[]	[]
Trainer Identify	[]	[]	[]	[]	[]
Overcoming Barriers to participation	[]	[]	[]	[]	[]
Participant Materials	[]	[]	[]	[]	[]
Trainers	[]	[]	[]	[]	[]
Facilities and location	[]	[]	[]	[]	[]



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Workshop Final Evaluation**

8. Would you like more information about any other topics? Would you like to participate in another workshop about any other topics? Please explain.

9. Do you have other comments about the workshop, CAWST or other issues? Please explain.

10. Are you a woman or man?

Woman Man

Name (Optional): _____ Organization (Optional): _____