



## WORKSHOP EVALUATION FORM

Name of Presenter: \_\_\_\_\_

Date: \_\_\_\_\_

Title of Workshop: \_\_\_\_\_

Don't put your name on this form. This is an anonymous evaluation.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The content covered was useful.					
The content was practical to my needs and interests.					
The content was well organized.					
The content was presented at the right level.					
The activities were effective					
Useful visual aids and handouts were effective.					
The instructor covered the material clearly.					
The instructor responded well to questions.					
You feel confident applying what you've learned at your library.					