

[Name of Workshop]

For [Discipline/program]
Evaluation Form

[Date]

[Location]



Minnesota
STATE COLLEGES
& UNIVERSITIES

Minnesota State Colleges & Universities
Center for Teaching and Learning
www.ctl.mnscu.edu

Workshop Evaluation and Feedback

1. Overall, how would you rate the quality of this workshop?

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

2. Please rate the [session] in each of the following areas:

	Not applicable	Not at all	Somewhat	Adequately	Very	Extremely
a. Did what was advertised/expected	N/A	1	2	3	4	5
b. Level of expertise and pacing of presentation	N/A	1	2	3	4	5
c. Met my personal needs	N/A	1	2	3	4	5
d. Learning new ideas or strategies	N/A	1	2	3	4	5

3. What aspect of this workshop was most beneficial to you?

4. What ideas would you consider using in your classroom?

5. Please provide feedback on the following items:

6. For future planners of workshops for this group, what suggestions do you have?