

EVALUATION FORM

Name (optional) _____

Type of event Workshop Seminar Mini-course
 Academic course Independent Study Other _____

Date _____ Location _____

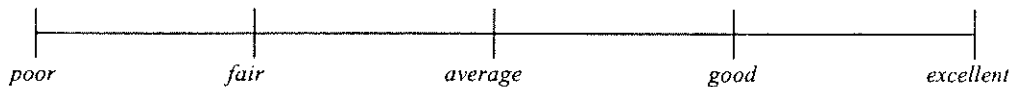
Please circle the number that best reflects your answer to each question. A space for comments is also provided.

1. Assess how well the event accomplished its stated goal(s) or purpose(s).



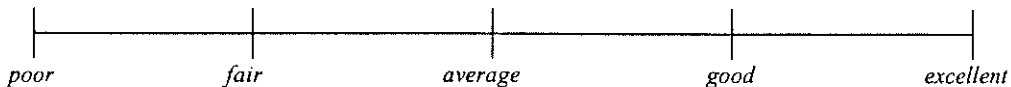
Comments:

2. Assess the quality of instruction.



Comments:

3. Assess the value of the content and/or skills acquired in this event to your professional and personal development.



Comments:

Continued on back

4. Suggestions for improving this event.

5. Suggestions for future continuing education events.