



Workshop Evaluation Form

Your feedback is critical for Tools for Success to ensure we are meeting your needs. We would appreciate if you could take a few minutes to share your opinions with us so we can serve you better.

Please return this form to the instructor or organizer at the end of the workshop. Thank you.

Workshop title: **Classroom Walk Throughs and Effective Feedback**

Date: **October 5, 2021**

Instructor: **Cathy Tooley**

	Strongly agree				Strongly disagree
1. The content was as described in publicity materials	1	2	3	4	5
2. The workshop was applicable to my needs	1	2	3	4	5
3. I will recommend this workshop to others	1	2	3	4	5
4. The program was well paced within the allotted time	1	2	3	4	5
5. The instructor was a good communicator	1	2	3	4	5
6. The material was presented in an organized manner	1	2	3	4	5
7. The instructor was knowledgeable on the topic	1	2	3	4	5
8. I would be interested in attending a follow-up, more advanced workshop on this same subject	1	2	3	4	5

9. Given the topic, was this workshop: a. Too short b. Right length c. Too long

10. What did you most appreciate/enjoy/think was best about the workshop? Any suggestions for improvement?

10. How can Cathy Tooley assist you regarding your upcoming professional development needs for your school? Please complete the following.

School Name: _____

Your Name: _____

Email: _____

Phone Number: _____

Possible Needs? _____

Thank you! Please return this form to the instructor or coordinator at the end of the workshop.