

**SCC Staff Resource Center  
WORKSHOP EVALUATION**

<b>Workshop Title:</b>									
<b>Presenter:</b>	<b>Date:</b>								
<p><b>1. Workshop has been of:</b></p> <p><i>(no value)</i>      1                      2                      3                      4                      5                      <i>(great value)</i></p> <p>and how did you hear:      Flex      Email      Word of mouth      Other</p>									
<b>2. What outcome did you expect from attending this workshop?</b>									
<b>3. To what extent was your expected outcome achieved?</b>									
<b>4. What did you like the most?</b>									
<b>5. Suggestions for improvement?</b>									
<p><b>6. Highlights of instructional styles used</b> <i>(please "x" all that apply)</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><i>Knowledge/Understanding</i></td> <td style="width: 25%;"><i>Open-Ended Questioning</i></td> <td style="width: 25%;"><i>Contextualized Dialogue</i></td> <td style="width: 25%;"><i>Ability to apply in my practice</i></td> </tr> <tr> <td><i>Listening/Comprehension</i></td> <td><i>Adaptation to information</i></td> <td><i>Communication Restatement</i></td> <td></td> </tr> </table>		<i>Knowledge/Understanding</i>	<i>Open-Ended Questioning</i>	<i>Contextualized Dialogue</i>	<i>Ability to apply in my practice</i>	<i>Listening/Comprehension</i>	<i>Adaptation to information</i>	<i>Communication Restatement</i>	
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<b>Signed: (optional):</b>	<b>Division:</b>								

*Please return this form to the Staff Resource Center*