

Educator Workshop Session Assessment Form

Name (optional)

Email (optional)

Workshop Session Title

Date

YYYY-MM-DD

How would you rate the following aspects of the session?

Content Quality:

Select

Presentation & Delivery:

Select

Participant Engagement:

Select

Relevance to Your Needs:

Select

What did you like most about the session?

What could be improved?

Key takeaway(s) from this session

Other comments or suggestions (optional)