

Teacher Workshop Experience Evaluation Form

Name (optional):

Email (optional):

Workshop Title:

Date of Workshop:

How would you rate your overall workshop experience?

Excellent Good Average Poor

How helpful did you find the workshop content?

Very Helpful Somewhat Helpful Not Helpful

Which topics did you find most useful? (Select all that apply)

Topic 1 Topic 2 Topic 3 Other

Suggestions for improvement:

Any additional comments: