

# Teacher Workshop Experience Evaluation Form

Name (optional):

Email (optional):

Workshop Title:

Date of Workshop:

MM/DD/YYYY

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: