

Teacher Workshop Participant Assessment Sheet

Participant Name

Workshop Title

Date

Facilitator Name

Assessment Criteria	Excellent	Good	Average	Needs Improvement
Engagement/Participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaboration with Peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Application of Workshop Content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open-mindedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punctuality & Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strengths Observed

Areas for Improvement

Additional Comments

Date

Facilitator's Signature