Workshop Evaluation and Feedback Form

Name:	Date:				
School:					
Please check the workshop series you are evalu	uating (only check one):				
Work Readiness Training Self-Advocacy	Job Exploration Post Secondary Counseling				
Self-Reflection					
1. What's one important thing you learned about yourself during these workshops?					
2. How do you plan to use what you learned to re	each your future goals?				
3. What is one area in your life you'd like to impr	rove on after attending these workshops?				
4. How did the workshops help you feel more pro	epared for life after school?				

Your Feedback and Suggestions

Please rate the following based on the workshop you attended.	Not helpful	Needs to improve	Okay	Really good	Awesome!
Instructor presentation and preparation					
Classroom space/environment					
Usefulness of workshop materials					
Activities and engagement					
Group discussions					
Length of the workshop and breaks					

How can we make these workshops more fun, engaging, or interactive?

What else would you like to share with us?