

WORKSHOP EVALUATION FORM

Name of Presenter: _____ Date: _____

Title of Workshop: _____

How would you rate this workshop? (1 is lowest and 5 is highest)

1. How would you rate the usefulness of the content?

1 2 3 4 5

2. How would you rate the relevance of this training to professional counselors?

1 2 3 4 5

3. How would you rate the presenter's knowledge in the subject?

1 2 3 4 5

4. How would your rate the presenter's style of teaching?

1 2 3 4 5

5. How would you rate the pace of the presentation?

1 2 3 4 5

6. What did you like best or find most useful about the presentation?

7. What types of workshops would you like to attend in the future?

8. How could the workshop have been better?

9. How did you hear about this workshop?

10. I _____ *affirm and attest that I attended the full webinar and am asking for a certificate of completion.*