girl scouts of eastern missouri

WORKSHOP EVALUATION

Title of Workshop_____

Do not sign your name. This form evaluates the workshop, not the participants. For each question, check the response that most closely reflects your feelings.

Upon completion of this workshop, with the materials provided, do you feel that you can:

	[4] Yes	[3] Fairly Well	[2] With Difficulty	[1] No
1. You understand the objectives for this workshop?	_____	_____	_____	_____
2. The objectives for this workshop were met?	_____	_____	_____	_____
3. You gained the specific skills you wanted or needed?	_____	_____	_____	_____
4. You gained the specific knowledge you wanted or needed?	_____	_____	_____	_____
5. This workshop provided you with new resources that you had not encountered elsewhere?	_____	_____	_____	_____

What do you wish might have been included?

What do you wish might have been omitted?

What do you wish might have been expanded?

Please give us your opinion on the following:

	[4] Very Good	[3] Good	[2] Alright	[1] Poor
Location of workshop	_____	_____	_____	_____
Comfort of room	_____	_____	_____	_____
Time of day	_____	_____	_____	_____
Calendar date	_____	_____	_____	_____
Participant Guide	_____	_____	_____	_____
Learning Facilitator(s) effectiveness	_____	_____	_____	_____

Please respond to the following (circle answer):

Is this your first year as a Troop Leader/Co-leader/Assistant Leader/Advisor?	Yes	No	No Applicable
Will completion of this workshop help in your Girl Scout duties?	Yes	No	No Applicable
Will completion of this workshop help you to continue in Girl Scouting?	Yes	No	No Applicable
Will this training be useful to you outside of Girl Scouting?	Yes	No	No Applicable

What would have made this workshop better suited to meet your needs?

What did you like about this workshop ?

Do you plan on taking additional Girl Scout workshops?

Additional comments: