

# Workshop Evaluation Form



Facilitator/Leader Name(s) \_\_\_\_\_

Name of workshop \_\_\_\_\_ Date of Workshop \_\_\_\_\_

Your name \_\_\_\_\_

School/Organization \_\_\_\_\_ School District # \_\_\_\_\_

Address (Please provide your most permanent mailing address.)  Home  School  Workplace

Street \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Work Phone (     ) \_\_\_\_\_

Email \_\_\_\_\_ Fax (     ) \_\_\_\_\_

**Please indicate  your position.**

- |  |  |
|--|--|
| <input type="checkbox"/> Elementary Teacher  | <input type="checkbox"/> Pre-school Teacher          |
| <input type="checkbox"/> Secondary Teacher   | <input type="checkbox"/> College Student             |
| <input type="checkbox"/> Administrator   | <input type="checkbox"/> University Student          |
| <input type="checkbox"/> Superintendent  | <input type="checkbox"/> College Faculty             |
| <input type="checkbox"/> Curriculum Specialist                                       | <input type="checkbox"/> University Faculty          |
| <input type="checkbox"/> Resource Agency Person                                      | <input type="checkbox"/> Park Interpreter/Naturalist |
| <input type="checkbox"/> Industry Representative                                     | <input type="checkbox"/> Other                       |
| <input type="checkbox"/> Private Conservation Group Representative                   | _____  |
| <input type="checkbox"/> Youth Organization Representative (Girl Guides, Boy Scouts) | _____  |

**With which audience will you use the resources that you have received? Please indicate all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Kindergarten–Grade 3 | <input type="checkbox"/> University Undergraduate |
| <input type="checkbox"/> Grades 4–6           | <input type="checkbox"/> University Post-graduate |
| <input type="checkbox"/> Grades 7–9           | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> Grades 10–12         | _____   |
| <input type="checkbox"/> College              | _____   |

**Workshop Evaluation Form** *(continued)*

**How do you rate the workshop?**

Excellent.     Good     Fair     Poor

**Please indicate the best features of the workshop.**

Activities we did                       Networking with others                       Learning resources I received  
 Instruction strategies I learned                       Information I learned                       Other \_\_\_\_\_

**What improvements would you suggest for the workshop?**

More hands-on activities                       More suggestions for how to use the materials with students  
 More background information to increase my knowledge                       Other \_\_\_\_\_

**Did the workshop meet your expectations?**     Yes     No

Comments \_\_\_\_\_

**Would you recommend the workshop to your colleagues?**     Yes     No

Comments \_\_\_\_\_

**Did the facilitator(s)...**

Clearly explain the objectives of the workshop?     very well     well     somewhat     did not

Comments \_\_\_\_\_

Sustain the interest and participation of the group?     very well     well     somewhat     did not

Comments \_\_\_\_\_

Have the workshop organized?     very well     well     somewhat     did not

Comments \_\_\_\_\_

Clarify any questions from the participants?     very well     well     somewhat     did not

Comments \_\_\_\_\_

**Overall, how would you rate the workshop facilitator(s)?**

Excellent.     Good     Fair     Poor

**Would you like to be contacted about future WildBC workshops?**

Yes.     No    If yes, what is your email address? \_\_\_\_\_

**Please add any other comments that you would like to share with the facilitator(s) and/or WildBC.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_