

Session Evaluation

Name of Workshop: _____

Name of Speaker: _____

Date of Workshop: _____

Please circle the number which most accurately reflects your evaluation of the presentation:

1. Overall, this training met my expectations.

1	2	3	4	5
Strongly Disagree				Strongly Agree

2. The information presented was informative and useful.

1	2	3	4	5
Strongly Disagree				Strongly Agree

3. The presenters were knowledgeable about the subject matter.

1	2	3	4	5
Strongly Disagree				Strongly Agree

4. The training time was adequate for the material covered.

1	2	3	4	5
Strongly Disagree				Strongly Agree

5. The training was well-scheduled (appropriate day, time, length, etc.).

1	2	3	4	5
Strongly Disagree				Strongly Agree

Please continue with evaluation on reverse side...

6. What did you like best about today's presentation?

Additional Comments: You are invited to give us: your input on how you liked the session; ideas for future sessions you would like to see presented; and general comments. (Please don't forget to fill out/turn in the accompanying CEU I application if desired.) Thank you for attending today!

Your e-mail address: _____
(Optional)

You can get more information about The Center for Behavioral Health
and The Breakfast Learning Series at www.the-center.org