SUMMARY SHEET

Your feedback is greatly appreciated and will help us improve future presentations, workshops and professional developments.

Participant’s Role: (please check one)
Student:_____  Teacher:_____  Parent/Guardian:_____  Administrator/School Leadership:_____  
Paraprofessional:_____  Guidance Counselor/Social Worker:_____  Other:___

PLEASE CHECK THE BOX THAT BEST REPRESENTS YOUR EXPERIENCE:

1. The presentation objectives were clear to me. 
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

2. The material covered in today’s presentation was relevant to my work. 

3. The presenter:
   a. Seemed prepared and well organized 
   b. Seemed knowledgeable about the content. 
   c. Created a safe environment for learning. 
   d. I would recommend this presentation to others. 

4. Please list 3 things that you learned from this presentation:
   1. 
   2. 
   3. 

5. Please provide 3 suggestions for future workshops, training or professional development:
   1. 
   2. 
   3. 

6. Is there anything you would change or add to this presentation to help improve future workshops, trainings or professional development?

Thank you for your feedback!