



UNIVERSITY OF ALASKA
FAIRBANKS

College of Rural Alaska

Cooperative Extension Service

Cooperative Extension Service Educational Program

WORKSHOP EVALUATION FORM

Name of Workshop: _____

Location: _____ Instructor: _____

Dates Held: _____

Participant Demographics: (Please check appropriate age and sex brackets for data collection purposes)

Age: Under 21 21-35 36-55 Male Female

How would you rate this workshop in the following areas?

- | | | | | | | | |
|----------------------------------|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------|
| I. A. Objectives were made clear | Very Clear | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Not Clear |
| B. Objectives were met | To a Great Extent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Not at all |
| C. Ideas were of practical value | Great Value | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No Value |
| D. Presentation was effective | Highly Effective | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Not Effective |

II. In what areas do you feel you could utilize the skills you were exposed to in this workshop?

III. In consideration of the workshop being a skill-enhancing experience, do you have any suggestions or comments on the presentation.