

STAFF WORKSHOP EVALUATION FORM

Workshop Title: _____ Presenter(s): _____
 Date: _____ Location: _____

Directions: Please tell us a little about you by putting a check mark (✓) in the boxes that best apply to you.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Advanced Academics | <input type="checkbox"/> Grant Development | <input type="checkbox"/> Psychological Services | <input type="checkbox"/> Campus Leader |
| <input type="checkbox"/> After School | <input type="checkbox"/> Health/Medical | <input type="checkbox"/> Research/Accountability | <input type="checkbox"/> Classroom Teacher |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Homeless Education | <input type="checkbox"/> Special Education | <input type="checkbox"/> School Specialist |
| <input type="checkbox"/> Career /Technical | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Strategic Partnerships | <input type="checkbox"/> School Bus Driver |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Information Services | <input type="checkbox"/> Student Assessment | <input type="checkbox"/> School Custodian |
| <input type="checkbox"/> Counseling/Guidance | <input type="checkbox"/> Leadership Development | <input type="checkbox"/> Student Discipline | <input type="checkbox"/> School Security |
| <input type="checkbox"/> Curriculum | <input type="checkbox"/> Multilingual | <input type="checkbox"/> Student Engagement | <input type="checkbox"/> Substitute Teacher |
| <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Parent Assistance | <input type="checkbox"/> Translation Services | <input type="checkbox"/> |
| <input type="checkbox"/> External Funding | <input type="checkbox"/> Police | <input type="checkbox"/> Transportation | <input type="checkbox"/> |
| <input type="checkbox"/> FACE | <input type="checkbox"/> Professional Support | <input type="checkbox"/> Other HISD Department | <input type="checkbox"/> |
-
- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> American Indian /Alaska Native/Native Hawaiian | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Two or More Races/Ethnicities |

EVALUATION

Directions: Please tell us how you feel about this workshop. Circle how much you agree or disagree with each statement. Your answers will help us to improve our workshops.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. This workshop met my expectations.	1	2	3	4
2. This workshop had a clear agenda.	1	2	3	4
3. The goals of this workshop were met.	1	2	3	4
4. Time was used well.	1	2	3	4
5. We were able to share what we know.	1	2	3	4
6. I learned skills or ideas that I will use later.	1	2	3	4
7. We had time to share ideas with others.	1	2	3	4
8. We had time to ask questions.	1	2	3	4
9. The delivery format was appropriate.	1	2	3	4
10. The presenter was well prepared.	1	2	3	4
11. The location was suitable.	1	2	3	4
12. The location was convenient.	1	2	3	4

Other comments about the workshop: _____

What other help or workshops would you like us to provide?: _____

