

*Illinois State Library
300 South Second Street
Springfield, Illinois 62701-1796
Jesse White, Secretary of State and State Librarian*

WORKSHOP EVALUATION FORM

PLEASE COMPLETE THIS FORM CAREFULLY. YOUR COMMENTS ARE USED TO EVALUATE CURRENT WORKSHOPS AS WELL AS TO DETERMINE FUTURE OFFERINGS.

WORKSHOP NAME & NUMBER _____

DATE _____ **LOCATION** _____

WORKSHOP LEADER(S) _____

Workshop prerequisite(s) were completed: ___ YES ___ NO ___ NOT APPLICABLE ___

I have enrolled in this workshop as part of my professional development plan for certificate renewal with the Illinois State Board of Education.

Strongly	Strongly	Somewhat	No	Somewhat	
	Agree	Agree	Opinion	Disagree	Disagree
1. The workshop increased my knowledge and skills on the topic presented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The information presented will be of practical value for my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The workshop was well presented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The workshop's handouts were useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Suggestions for improvement include:

6. Ideas for future ILLINET/OCLC workshops:

(Signed) _____