

HeadsUp! Reading Workshop Evaluation

TITLE: _____

Facilitator: _____

DATE: _____ **LOCATION:** _____

Please check what best describes your primary role at this workshop: (only check one)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Kindergarten Teacher | <input type="checkbox"/> Paraprofessional | <input type="checkbox"/> Medical/Health Spec. |
| <input type="checkbox"/> Preschool Staff | <input type="checkbox"/> Primary Teacher | <input type="checkbox"/> Speech/Language Path. | <input type="checkbox"/> Social Services Staff |
| <input type="checkbox"/> CC (Center) Staff | <input type="checkbox"/> Multi-age Teacher | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Mental Health Spec. |
| <input type="checkbox"/> CC (Home) Staff | <input type="checkbox"/> Chapter 1 Teacher | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Head Start Staff | <input type="checkbox"/> School-age CC Staff | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Special Education Staff | <input type="checkbox"/> Parenting Educator | | _____ |
| <input type="checkbox"/> Early Head Start | | | |

	<u>EXCELLENT</u>				<u>POOR</u>
1. I would rate the effectiveness of the workshop:	5	4	3	2	1
2. I would rate the consultant(s):	5	4	3	2	1
3. The objectives of the workshop were met.	5	4	3	2	1
4. The workshop provide information and skills that will enhance my effectiveness in my role.	5	4	3	2	1

How will I use the information presented today...

The strengths for the workshop:

Ways the workshop could be improved:

I would like to have future workshops offered (i.e. more on this topic; new topics):

Specific comments about the room, equipment, and services are:

This workshop was arranged through the Early Childhood Training Center. Do you have any other comments for us?