

## Student's Workshop Evaluation

Workshop  
Facilitator

Title  
Date

*Check the appropriate box*

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	No response	N/A
Clarity of Workshop Objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Format of Workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workshop Materials and Handouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation by Facilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did you hear about the workshop?

- ACC website     
  ACC Course Schedule     
  Instructor     
  Counselor  
 Signs   
  Newspaper   
  Student Newspaper  
 Other (Specify)

Have you previously attended any Counseling Service workshops?  Yes  No

You are a  Prospective  Current or  Former Student

Reason for attending workshop

Most helpful information

Least helpful information

Suggestions for additional workshop offerings

Other Comments (use other side of page, if necessary)

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