



CONNECTICUT ASSOCIATION FOR
Marriage & Family Therapy

Workshop Evaluations

Training Location: Southern Connecticut State University Davis 101

Participant Name (optional): _____

Date: April 13, 2018

Job Title: _____

Years in Present Position? <1 1-3 3-5 5+

Workshop 1: *Workshop one title* with Presenter, Credentials

Instructions: Please circle your response to the items. Rate aspects of the workshop on a 1-5 scale, where

1= Strongly disagree/ 2=Disagree/ 3=Neither agree nor disagree/ 4= Agree/ 5= Strongly Agree
N/A= Not applicable

Workshop Content:

- | | | | | | | |
|--|---|---|---|---|---|-----|
| 1. I was well informed about the objectives of this workshop | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. This workshop lived up to my expectations | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. The content of this workshop is relevant to my job | 1 | 2 | 3 | 4 | 5 | N/A |

Workshop Design:

- | | | | | | | |
|--|---|---|---|---|---|-----|
| 4. The workshop objectives were clear to me | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. The activities gave me sufficient practice/feedback | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. The difficulty level of this workshop was appropriate | 1 | 2 | 3 | 4 | 5 | N/A |
| 7. The pace of the workshop was appropriate | 1 | 2 | 3 | 4 | 5 | N/A |

Workshop Instructor/Facilitator:

- | | | | | | | |
|-------------------------------------|---|---|---|---|---|-----|
| 8. The instructor was well-prepared | 1 | 2 | 3 | 4 | 5 | N/A |
| 9. The instructor was helpful | 1 | 2 | 3 | 4 | 5 | N/A |

Workshop Results:

- | | | | | | | |
|--|---|---|---|---|---|-----|
| 10. I accomplished the objectives of this workshop | 1 | 2 | 3 | 4 | 5 | N/A |
| 11. I will be able to use what I learned in this workshop | 1 | 2 | 3 | 4 | 5 | N/A |
| 12. The workshop was a good way for me to learn this content | 1 | 2 | 3 | 4 | 5 | N/A |

Workshop 2: *Workshop two title* with Presenter, Credentials

Instructions:

Please circle your response to the items. Rate aspects of the workshop on a 1-5 scale, where
1= Strongly disagree/ 2=Disagree/ 3=Neither agree nor disagree/ 4= Agree/ 5= Strongly Agree
N/A= Not applicable

Workshop Content:

- | | | | | | | |
|--|---|---|---|---|---|-----|
| 1. I was well informed about the objectives of this workshop | 1 | 2 | 3 | 4 | 5 | N/A |
|--|---|---|---|---|---|-----|

- 2. This workshop lived up to my expectations 1 2 3 4 5 N/A
- 3. The content of this workshop is relevant to my job 1 2 3 4 5 N/A

Workshop Design:

- 4. The workshop objectives were clear to me 1 2 3 4 5 N/A
- 5. The activities gave me sufficient practice/feedback 1 2 3 4 5 N/A
- 6. The difficulty level of this workshop was appropriate 1 2 3 4 5 N/A
- 7. The pace of the workshop was appropriate 1 2 3 4 5 N/A

Workshop Instructor/Facilitator:

- 8. The instructor was well-prepared 1 2 3 4 5 N/A
- 9. The instructor was helpful 1 2 3 4 5 N/A

Workshop Results:

- 10. I accomplished the objectives of this workshop 1 2 3 4 5 N/A
- 11. I will be able to use what I learned in this workshop 1 2 3 4 5 N/A
- 12. The workshop was a good way for me to learn this content 1 2 3 4 5 N/A

Overall Feedback:

- | | |
|--|--|
| <input type="checkbox"/> Provide better information before the workshops | <input type="checkbox"/> Improve the organization of the workshops |
| <input type="checkbox"/> Clarify the workshop objectives | <input type="checkbox"/> Make the workshops less difficult |
| <input type="checkbox"/> Reduce the content covered in the workshops | <input type="checkbox"/> Make the workshops more difficult |
| <input type="checkbox"/> Increase the content covered in the workshops | <input type="checkbox"/> Slow down the pace of the workshops |
| <input type="checkbox"/> Update the content covered in the workshops | <input type="checkbox"/> Allot more time for the workshops |
| <input type="checkbox"/> Improve the instructional methods | <input type="checkbox"/> Shorten the time for the workshops |
| <input type="checkbox"/> Make the workshop activities more stimulating | <input type="checkbox"/> Improve the tests used in the workshops |
| | <input type="checkbox"/> Add more video/media to the workshops |
| | <input type="checkbox"/> Other: |

What was most valuable about these workshops? _____

What was least valuable about these workshops? _____

What other topics are you interested in seeing for future workshops/trainings? _____