

Evaluation Form

Topic: New Hire Orientation
Location: District Office – California Room
Date: May 4, 2010 (9:00 a.m. – 1:00 p.m.)

PLEASE RATE THE WORKSHOP PRESENTATION, AND GIVE US YOUR COMMENTS AND SUGGESTIONS.

(Circle one number only)

5 = Excellent/Strongly Agree - 1 = Poor/Strongly Disagree

Overall evaluation of workshop.	5	4	3	2	1
Workshop will help me in doing my job.	5	4	3	2	1
Evaluation of presenter(s)	5	4	3	2	1
Evaluation of Training Materials	5	4	3	2	1

The most valuable part of this workshop was _____

What if anything was missing from this workshop _____

Comments and suggestions:

Name: _____ **Campus:** _____

(Optional)

Comments Regarding Facility (set-up, refreshments, location etc.):
