



## Evaluation Form

<http://www.mainetransition.org/evals/eval.htm>

**Please select your role (select as many as are relevant)**

<i>Facilitator</i> .....	<input type="checkbox"/>
<i>General Education Teacher</i> .....	<input type="checkbox"/>
<i>Special Education Teacher</i> .....	<input type="checkbox"/>
<i>School/District Administrator</i> .....	<input type="checkbox"/>
<i>Student</i> .....	<input type="checkbox"/>
<i>Parent</i> .....	<input type="checkbox"/>
<i>Educational Technition</i> .....	<input type="checkbox"/>
<i>Service Personnel</i> .....	<input type="checkbox"/>
<i>State Agency Personnel</i> .....	<input type="checkbox"/>
<i>Community Provider</i> .....	<input type="checkbox"/>
<i>General Public</i> .....	<input type="checkbox"/>
<i>Other:</i>	<input style="width: 100%; height: 20px;" type="text"/>

**Name of Event:**

**Location of Event:**

**Date (mm/dd/yyyy):**

**Outcomes:**

**As a result of this training:**

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neither</i>	<i>Agree</i>	<i>Strongly Agree</i>
I gained new knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I gained new skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will be able to use what I have learned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I changed my perception about the topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I strengthened my perception about the topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am more interested in the topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Content**

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neither</i>	<i>Agree</i>	<i>Strongly Agree</i>
Informative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Process**

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neither</i>	<i>Agree</i>	<i>Strongly Agree</i>
Clear Objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Presenter/Facilitator**

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neither</i>	<i>Agree</i>	<i>Strongly Agree</i>
Knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**