



## Post-Workshop Evaluation

Date:

Speaker(s):

For the statements below, please check the box that best fits your reaction.

	Yes	No
1. I acquired the learning objectives.		
2. I will use resources learned at this workshop in my setting.		

	Definitely True	Mostly True	Somewhat True	Not at All True
3. The presenter(s) was skilled/knowledgeable.				
4. Sufficient time was allotted for each topic.				

	Most Favorable	Somewhat Favorable	Somewhat Unfavorable	Unfavorable
5. Activities practicing with forms.				
6. Hands-on activities.				
7. Session overall.				

Please provide feedback on this training and input into future assistive technology (AT) training sessions you would like to attend.

	<b>Open-ended Response</b>
8. Which of the activities did you find most beneficial and why?	
9. One new action I will take because of this training:	
10. I would like ABLE Tech to provide AT training on:	
11. Additional Comments:	