**Flex Workshop Evaluation**
Friday, January 14, 2005

Date: __________________________

CRN # or Workshop Title: ______________________________________________________

(Please check one)
I am:  ☐ Administrator  ☐ Department Chair  ☐ FT Faculty  ☐ PT Faculty  ☐ Classified

1=Unsatisfactory  2=Improvement Needed  3=Satisfactory  4=Above Satisfactory  5=Excellent

Please Check Boxes to Rate Your Experience

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<th>5</th>
<th>YES</th>
<th>Unsure</th>
<th>NO</th>
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</table>
A  | Overall, how valuable was this workshop/presentation? | | | | | | |
B  | Overall, how effective was the presenter(s)? | | | | | | |
C  | Overall, how was the quality of this presentation? | | | | | | |
D  | Could you use what you've just learned in real life? | | | | | | |
E  | Was the workshop worthwhile? | | | | | | |
F  | Should we bring this presenter/topic back? | | | | | | |

1. What you liked **MOST** about this workshop?

2. What you liked **LEAST** about this workshop/presenter?

3. Comments/Suggestions/Future Workshops Recommendation: