

OUTREACH/WORKSHOP EVALUATION

Title of Program: _____

Presenter(s): _____

Date: _____

Please rate the following items on a scale from 1 to 5 by circling the appropriate number:

1-Strongly Disagree 2=Disagree 3=Not Sure 4=Agree 5=Strongly Agree

	SD	D	NS	A	SA
1. The program was well organized and the presenter conveyed ideas effectively.	1	2	3	4	5
2. The information presented met my expectations.	1	2	3	4	5
3. The topic is personally relevant to my life.	1	2	3	4	5
4. I would recommend this workshop to a friend.	1	2	3	4	5
5. I would be interested in attending a workshop on: _____					
6. What activities or lessons were the most helpful to you?					
7. What could have been done to improve this workshop (suggestions/comments)?					
8. As a result of this presentation; (check all that apply)					
<input type="checkbox"/> I'm more likely to seek CAPS services for myself, when needed.					
<input type="checkbox"/> I'm more likely to refer someone to CAPS.					
<input type="checkbox"/> I don't need further services from CAPS (my needs were met by this presentation).					
<input type="checkbox"/> I'm more likely to avoid CAPS services.					

Thank you for completing this form. CAPS uses your feedback to improve our programming. Please check our website for future workshop topics and schedules.

www.usu.edu/counseling

