

Lunchtime Education Evaluation Form

Name of Session:

Date of Session:

Please take a moment to evaluate the workshop you just attended. Your feedback will be used in planning future programs. Rate your satisfaction by selecting from the following:

	Great	Good	Fair	Poor
1. How well did this program broaden the knowledge base of the professionals working with court-involved families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How organized was the presenter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How would you rate his/her expertise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How relevant to your work with children and families was it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How would you rate its overall value to you personally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identify your professional affiliation(s) by role or profession, i.e. deputy prosecuting attorney, judicial officer, psychologist, courthouse staff, juvenile probation staff, social worker, marriage and family counselor, GAL, school principal, court interpreter, etc. _____

Comments on this or any future program that you would like us to consider: _____

