

STUDENT SUPPORT SERVICES

Personal / Make-up Academic Seminar Evaluation

Participant's Name: _____

Name of Activity: _____

Place: _____

Date: _____ Time: _____

Instructions: Please click on or darken in the response which best expresses your reaction to each of the following items as they pertain to the workshop you have just completed.

Item	Strongly Agree	Somewhat Agree	Unsure/ Neutral	Somewhat Disagree	Strongly Disagree
The objectives of this personal or make-up workshop were clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Since you did not attend the scheduled workshop, this workshop was a practical alternative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The use of the PowerPoint presentation was effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had attended the scheduled workshop, I might have benefited more from this workshop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will strive to apply what I learned from this workshop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Below, **you must write a summary** in which you clearly and objectively **discuss the main ideas** of the PowerPoint presentation. If you need a dictionary, please inform staff. **Signature / date required.**

Student Signature **Date**

SSS Staff **Date**