

STUDENT SUPPORT SERVICES
Academic/Coaching Seminar/Workshop Evaluation

Participant's Name: _____

Workshop/Seminar Title: _____

Presenter: _____ Date: _____

1. How did you learn about this event?

Website/E-mail Flyer Friend SSS Staff Faculty/Staff Other: _____

2. Please check the box that best matches your response to each statement.

	Strongly Agree	Agree	Unsure/Neutral	Disagree	Strongly Disagree
The presenter was prepared and stimulating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The length of the workshop/seminar was satisfactory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workshop/seminar was informative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information I received will be helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will recommend this workshop/seminar to other participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to use more of the SSS resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What was the most useful thing you learned? _____

4. What program topics would you suggest SSS offer in the future? _____

5. Comments/suggestions: _____

Staff Member: _____