

WORKSHOP and TETN Broadcast EVALUATION

Texas School for the Blind and Visually Impaired - Outreach Programs

Workshop Title: _____

ESC Region & Viewing Location: _____ **Date:** _____

Select one: Professional Paraprofessional Family member

Please help us provide better services to you by answering these questions and returning it to us. We appreciate your assistance!

<u>Items</u>	<u>Rating</u>				
	Outstanding	Extremely Satisfied	Satisfied	UN-Satisfied	Extremely UN-Satisfied
Please rate your satisfaction with the effectiveness of the workshop/TETN broadcast in meeting the stated objectives.					
Please rate your satisfaction with the improvement of your knowledge and skills as a result of this workshop/TETN broadcast.					
How satisfied are you that implementation of knowledge/skills gained will impact improved student performance.					
Please rate your satisfaction with the quality of the workshop/TETN broadcast design and the degree that content/materials were research-based.					
Please rate your satisfaction with the presenter's knowledge and professionalism in presenting the information.					

Please circle one

Please complete back of form

ESC Consultant or Site Facilitator: Please fax evaluations to Nancy Keck at 512-206-9320. Include a copy of the Broadcast Site Sign In Sheet to receive your CPE Certificates.

Additional comments you would like to share with the presenter(s):

Additional comments you would like to share with the workshop or TETN planning committee related to this event or future training events:

Have you accessed www.tsbvi.edu during this past year **YES** **NO**

Have you found the TSBVI website to be an excellent resource. **YES** **NO**

Did you make a complaint about TSBVI Outreach services or personnel during this past year? **YES** **NO**

How would you rate your satisfaction with the handling and timeliness of how the complaint was handled? Outstanding Extremely Satisfied Satisfied **UN-Satisfied** **Extremely UN-Satisfied**