

Evaluation Form

Workshop Title: _____

Date: _____

Workshop Instructor: _____

Please rate the following items on a scale of one to ten, with one being abysmal, five being acceptable, and ten being perfect.

WORKSHOP ROOM	1	2	3	4	5	6	7	8	9	10
<i>Comments:</i>										
WORKSHOP FACILITIES	1	2	3	4	5	6	7	8	9	10
<i>Comments:</i>										
INSTRUCTOR KNOWLEDGE	1	2	3	4	5	6	7	8	9	10
<i>Comments:</i>										
INTERACTIVITY OF WORKSHOP	1	2	3	4	5	6	7	8	9	10
<i>Comments:</i>										



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Would you recommend this course to others? Why or why not?

Other thoughts you would like to share?



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