

WEPAN Workshop Evaluation

Please use this form (front and back) to evaluate this workshop session. Give the moderator your completed evaluation form.

Workshop Title (print): _____

Your background

I am (check one from each category):

- A "newcomer" (first time to a WEPAN conference)
- Female Male
- WEPAN Member

Your Profession (check all that apply):

- Academic Administrator
- Academic Researcher
- Foundation Officer
- Government Employee
- Faculty
- Industry-College Relations or Diversity-related
- Industry-Engr/Sci
- Student
- WEP/ MEP Personnel
- Other _____

Workshop Evaluation

Rate the following workshop characteristics by checking the box number from the rating scale (below).

The workshop ...	1 = Strongly Disagree	2 = Disagree	3 = Neutral	4 = Agree	5 = Strongly Agree
Included clearly stated workshop objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did not simply lecture; provided opportunities for meaningful active participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided opportunities for meaningful interaction among participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developed product or idea that is useful in my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cited appropriate literature, research or theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Included new information (or information new to me)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was relevant to my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A/V, when used, effectively supported workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Session #: _____

If there is a paper available for this workshop, will you read the paper? **Yes** **Maybe** **No**

How much did you learn from the workshop? **Nothing** **One or Two Things** **Many Things**

Will you apply or implement any of what you learned during the workshop? **Yes** **Maybe** **No**

What other feedback would you like to provide to the workshop presenters?

What other comments can you provide on how similar sessions can be improved for next year?

Moderator Evaluation

The Moderator ...	Yes	No
Started the workshop on time	<input type="checkbox"/>	<input type="checkbox"/>
Introduced the workshop	<input type="checkbox"/>	<input type="checkbox"/>
Provided session number for the evaluation form	<input type="checkbox"/>	<input type="checkbox"/>
Provided instructions for completing this evaluation form	<input type="checkbox"/>	<input type="checkbox"/>
Ended the workshop on time	<input type="checkbox"/>	<input type="checkbox"/>

Please return this form to the moderator or where the moderator instructed.

Thank You!