Date: Presentation Title:

Location: Presenter/Facilitator:

Your Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| * **1. School Admin** * **2. District Admin** * **3. BOCES Admin** * **4. IHE Admin** * **5. Principal** | * **6. Mainstream Teacher** * **7. ENL/Bilingual Teacher** * **8. Special Ed Teacher** * **9. LOTE Teacher** * **10. BOCES ENL/Bilingual** | * **11. BOCES Teacher** * **12. IHE Professor** * **13. Support Staff** * **14. Parent/Family Member** | * **15. CBO/NFP Member** * **16. Other RBERN Staff** * **17. Other:**     **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

1. What did you learn as a result of this workshop?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Assessment of Learning:** | **Very Poor** |  |  | **Excellent** | |
| 1. What was your level of knowledge about this topic **prior** to this workshop? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. What is your level of knowledge about this topic **now**? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. What is your level of confidence to apply what you learned in this workshop? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Overall, how would you rate this workshop? | ☐ | ☐ | ☐ | ☐ | ☐ |

1. Other comments (i.e. additional support, suggested areas of improvement, favorite activity, etc.) :