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.) :