



Clock Hour Evaluation Form

**PARTICIPANTS MUST COMPLETE THIS FORM AT THE
CONCLUSION OF THE WORKSHOP OR INSERVICE**

Workshop Title _____ **Workshop #** _____ **Date** _____

Workshop Presenter _____

| | Excellent | Good | Fair | Poor |
|---|-----------|------|------|------|
| To what extent were the written objectives of this inservice met? | | | | |
| How would you rate the physical facilities in which this program was offered? | | | | |
| How would you rate the oral presentation of the instructor(s)? | | | | |
| How would you rate the written program materials provided by the instructor(s)? | | | | |

What suggestions do you have for improving this program? _____



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