Teacher Workshop Evaluation

Date of Workshop___________________________

Workshop Topic____________________________

1. The workshop was useful for me as a teacher/educator
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

2. The workshop will help me better understand the health issues facing my students
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

3. I now feel better qualified as a teacher/educator to recognize when a student has the specific health issue discussed today
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

4. I now feel comfortable with when to refer a student to the SBHC regarding the specific health issue discussed today
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

5. I now feel more comfortable discussing the specific health topic discussed today with my students
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

6. What were the strengths of the workshop?

7. What could have been improved about the workshop?

8. Additional comments