Appendix XVI
Sample of Workshop Evaluations

1) TASK Workshop Evaluation, Team of Advocates for Special Kids
2) North Coastal Consortium for Special Education, Parent Conference Evaluation
3) North Coastal Consortium for Special Education, Inservice Summary Sheet Special Education
4) North Coastal Consortium for Special Education Inservice Training Report, Workshop Formative Evaluative Form
5) Morongo Unified School District, Educational Services Division, Special Education Local Plan Area, Staff Development/Inservice
6) SWITP, Transition Information Meeting
7) Fiesta Educativa, University of Southern California, May 19 & 20, 1995, Evaluation
8) Fiesta Educativa, Universidad del Sur de California, Mayo 19 y 20, 1995, Evaluacion
9) Fiesta Educativa, Informacion Basica
10) Fiesta Educativa, Fiesta Familiar, Forma de Evaluacion
11) SELPA, Monterey County Special Education Local Plan Area, Evaluation
12) SELPA, Monterey County Special Education Local Plan Area, Evaluacion

TASK
WORKSHOP EVALUATION

In order to improve the training sessions, we would appreciate it if you would fill out this evaluation sheet and return it to the trainer before leaving. Thank you for your assistance.

WORKSHOP: _____
LOCATION: _____
DATE: _____
TRAINER: _____

1. **Below are the stated goals of the workshop. Circle an X to indicate the degree to which you feel each goal was attained in relationship to yourself, not the group as a whole.**

		Clearly Attained				Clearly not Attained
a.	To increase participants' knowledge of workshop topic.	X	X	X	X	X
b.	To help participants feel more comfortable about their role helping other parents.	X	X	X	X	X
c.	To help participants feel more confident offering emotional support that is necessary.	X	X	X	X	X

2. I feel that I will be able to use information from this workshop
   Yes _____ No _____

3. I think the trainer(s) has a good understanding of the subject.
   Yes _____ No _____

4. The material presented was clear and understandable.
   Yes _____ No _____

5. I would ____ would not _____ recommend this workshop to other parents.

6. Some of the information was not useful to me because
   _____
   _____

NORTH COASTAL CONSORTIUM FOR SPECIAL EDUCATION
PARENT CONFERENCE EVALUATION

10:15 to 11:45 AM WORKSHOP SESSION Your child's school district _____

Title of Workshop _____

	Helpful			Not Helpful	
1. How helpful was this presentation?	1	2	3	4	5

	Met Expectations			Did Not Meet	
2. Was the topic covered as you expected based on description in the program?	1	2	3	4	5

	Useful			Not Useful	
3. How useful will this workshop's information be in dealing with your child or school?	1	2	3	4	5

What additions or deletions would you have made to make this presentation better for you?

_____

PLEASE TAKE A MOMENT TO RATE THE OVERALL CONFERENCE:

	Excellent				Poor	
Topics Offered	1	2	3	4	5	
Conference Facilities (location)	1	2	3	4	5	
Registration	1	2	3	4	5	
Resource Material Offered	1	2	3	4	5	
Child Care	1	2	3	4	5	N/A
Conference Staff	1	2	3	4	5	

How did you receive the notification flyer about the conference? (teacher, child's backpack, phone call, friend, EFRC, other) _____

Do you think it would be worthwhile to attend future workshops? YES NO MAYBE

Additional comments: (please feel free to use back) _____

_____

NORTH COASTAL CONSORTIUM FOR SPECIAL EDUCATION

INSERVICE SUMMARY SHEET
SPECIAL EDUCATION

Inservice Location: _____ Date: _____

Inservice Activity: _____ Time: _____

Presenter(s): _____

ATTENDANCE SUMMARY (Actual Numbers)

____ Regular Classroom Teachers
____ Special Education Teachers
____ Aides
____ Parents
____ Support Personnel
____ Administrators
____ Operations Personnel
____ Other (specify) _____

OVERALL EVALUATION

	Poor			Excellent	
	1	2	3	4	5
Numbers:	____	____	____	____	____

1. How adequately did activity meet objective?

	Not at all	Very little	Somewhat	Very much
Numbers:	____	____	____	____

2. What was most helpful? _____

3. Suggested topics for future sessions: _____

SUBMITTED BY: _____
(Name)

_____
(Position/Location

_____
(Phone)

(4-1-93)

NORTH COASTAL CONSORTIUM FOR SPECIAL EDUCATION
INSERVICE TRAINING REPORT
WORKSHOP FORMATIVE EVALUATION FORM

(To be completed by participants at end of each session of workshop series)

SUBJECT_____ PRESENTER_____
LOCATION_____ DATE_____

1. How adequately did this activity meet the objectives as indicated.

Not at all Very little Somewhat Very much

2. For me, the overall effectiveness of this session was - **PLEASE CIRCLE**

1 2 3 4 5

Not Very Helpful Very Helpful

3. Most helpful parts of session:_____
_____
_____
_____

4. Suggestions for improving session:_____
_____
_____
_____

5. Suggested Topics for future sessions:_____
_____
_____
_____

Name_____
(Optional)

Please check:
_____Regular Classroom Teacher
_____Teacher Aide
_____Parent
_____Administrator
_____Other (Specify)_____
_____Special Education Teacher
(_____RSP _____SDC _____DIS)
_____Support Personnel
_____Operations Personnel

MORONGO UNIFIED SCHOOL DISTRICT
EDUCATIONAL SERVICES DIVISION
SPECIAL EDUCATION LOCAL PLAN AREA

STAFF DEVELOPMENT/INSERVICE

Directions:

In order to determine whether this inservice met your needs, we ask that you complete the following form. Your honest opinion on the organization and content of the inservice will help us in planning and conducting future inservices.

On each numbered item, please circle the number which best expresses your reaction.

The last four items provide an opportunity for your comments on the inservice.

EVALUATION CRITERIA: (Circle the appropriate number on the scale.)

		EXCELLENT		POOR	
1. The over-all organization of the inservice was:	5	4	3	2	1
		VERY ADEQUATE		INADEQUATE	
2. The time allocations for the sessions were:	5	4	3	2	1
		VERY HELPFUL		NOT HELPFUL	
3. The ideas and activities presented were:	5	4	3	2	1
		VERY ADEQUATE		INADEQUATE	
4. The areas covered by the inservice were:	5	4	3	2	1
		VERY LIKELY		UNLIKELY	
5. The probability of my using the skills or knowledge acquired at this inservice is:	5	4	3	2	1
		EXCELLENT		POOR	
6. Overall, I consider this inservice:	5	4	3	2	1

7. The major strengths of this inservice were: _____

_____

_____

8. The major weaknesses of the inservice were: _____

_____

_____

9. What changes would you recommend for the next inservice? _____

_____

_____

10. General comments: _____

_____

_____

REV. 11-90

SWITP
TRANSITION INFORMATION MEETING

	Great	Almost Great	Okay	Not Very Good
1. The speakers were...	1	2	3	4
2. The information about transition was...	1	2	3	4
3. Information about SWITP recommendations were...	1	2	3	4
4. Information about Person-Centered planning was...	1	2	3	4
5. Materials (overheads, information packet) were...	1	2	3	4
6. Overall this meeting was	1	2	3	4

I would like to continue to be informed about SWITP and the proposed recommendations - please keep me up to date. Yes No

I would like information about how to form an interagency transition team in my community. Yes No

I am willing to assist in promoting the SWITP transition recommendations. Yes No

I will do the following:

- I will contact local agencies. ☐
- I will contact other families or professionals. ☐
- I will call, write, FAX Policymakers about implementing Transition System Change. ☐
- I would like to be a member of a team to present this information to other families and professionals in my community. ☐
- Other _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Telephone: _____

Affiliation (parent, student, professional, etc.): _____

Please, use the back of this form for any further comments.

10/95

#5

Fiesta Educativa

FIESTA EDUCATIVA
University of Southern California
May 19 & 20, 1995

EVALUATION

Please complete this evaluation for every workshop and general session attended. Indicate the title of the workshop attended and circle the number that best describes the overall presentation of workshop or session, one(1) being the lowest and five(5) being the highest.

FRIDAY GENERAL SESSION: ___Dr. Rodolfo Chavez_____

1. Session Title in the morning:_____

Low				High
1	2	3	4	5

2. Session Title in the afternoon:_____

Low				High
1	2	3	4	5

3. Session Title of panel:_____

Low				High
1	2	3	4	5

SATURDAY GENERAL SESSION: _____Congressman Xavier Becerra_____

1. Session Title in the morning: _____

Low				High
1	2	3	4	5

2. Session Title in the afternoon: _____

Low				High
1	2	3	4	5

3. Session Title of panel: _____

Low				High
1	2	3	4	5

OVERALL CONFERENCE EVALUATION: _____

Low				High
1	2	3	4	5

COMMENTS/SUGGESTIONS: _____

_____

_____

_____

PARENT_____ PROFESSIONAL_____

3839 Selig Place • Los Angeles, CA 90031 • (213) 221-6696

Fiesta Educativa

FIESTA EDUCATIVA
Universidad del Sur de California
Mayo 19 y 20, 1995

EVALUACION

Favor de completar esta evaluacion para cada taller y sesion general que asistio. Indique el nombre de sesion que atendio y circule el numero que mejor califica la presentacion entera del talleer o de la sesion usando la escala. Califique por indicar uno(1) siendo el mas bajo a cinco(5) siendo el mas alto.

SESION GENERAL - VIERNES___Dr. Roolfo Chavez_____

1. Titulo de sesion en la manana:_____

Bajo				Alto
1	2	3	4	5

2. Titulo de sesion en la tarde_____

Bajo				Alto
1	2	3	4	5

3. Titulo de sesion de panel: _____

Bajo				Alto
1	2	3	4	5

SESION GENERAL -SABADO:__Congressman Xavier Becerra_____

1. Titulo de sesion en la manana:_____

Bajo				Alto
1	2	3	4	5

2. Titulo de sesion en la tarde:_____

Bajo				Alto
1	2	3	4	5

3. Titulo de sesion de Panel:_____

Bajo				Alto
1	2	3	4	5

EVALUACION DE CONFERENCIA ENTERA:_____

Bajo				Alto
1	2	3	4	5

COMENTARIOS/SUGERENCIAS:_____

_____

_____

_____

Familiar_____ Profesional_____

Fiesta Educativa

INFORMACION BASICA

Las siguientes preguntas han sido diseñadas para obtener alguna información de su familia. Por favor lea cada pregunta cuidadosamente y responda con la mayor precisión posible. Gracias por tomar el tiempo para completar esta encuesta.

1. Cual es el sexo de su meimbro familiar que está discapacitado?
   _____ a. Masculino
   _____ b. Feminino

2. Cual es la edad de su miembro familiar que está discapacitado?
   _____

3. Cual es su estado civil? (favor de marcar solamente una respuesta)
   _____ a. Casado(a)
   _____ b. Separado(a)
   _____ c. Divorciado(a)
   _____ d. Viudo(a)
   _____ e. Viviendo juntos (union libre)
   _____ f. Otro (Por favor aclare: _____)

4. Cual idioma habla usted en su casa? (favor de marcar solamente una respuesta)
   _____ a. Solamente Español
   _____ b. Mayormente Español
   _____ c. Mayormente Ingles
   _____ d. Solamente Ingles
   _____ e. Ambos, Ingles y Español por igual

5. Cuántos hijos tiene usted? _____

6. Cual es su ingreso familiar anual? (favor de marcar solamente una respuesta)
   _____ a. Menos de $14,999 por año
   _____ b. Entre $15,000 y $24,999 por año
   _____ c. Entre $25,000 y $34,999 por año
   _____ d. Entre $35,000 y $44,999 por año
   _____ e. Entre $45,000 y $54,999 por año
   _____ f. Más de $55,000 por año
   _____ g. No se pero ganamos aproximadamente _____ por semana
   _____ h. No se pero ganamos aproximadamente _____ por mes

7. Cual es su fuente principal de ingreso? (favor de marcar solamente una respuesta)
   _____ a. Beneficios de AFDC
   _____ b. Beneficios del Seguro Social
   _____ c. Beneficios para discapacitados
   _____ d. Beneficios de SSI
   _____ e. Beneficios de desempleo
   _____ f. Otra(s) forma(s) de ingreso (Por favor aclare:_____
   _____)

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Fiesta Educativa

Fecha: _____

FIESTA FAMILIAR

Forma de Evaluación

Las siguientes preguntas han sido diseñadas para evaluar la efectividad del programa Fiesta Familiar. Por favor lea cada pregunta cuidadosamente y responda con la mayor precisión que usted pueda. Gracias por tomar el tiempo para completar esta encuesta.

1. Cómo se informó usted del programa Fiesta Familiar? _____
_____

2. Que tan efectiva fue la reunión de Fiesta Familiar en ofrecerle con información útil acerca de sus necesidades para su miembro familiar que está incapacitado? (por favor marque solo una respuesta en el espacio provisto)

   ___a. La reunion de Fiesta Familiar no fue de gran ayuda en absoluto
   ___b. La reunion de Fiesta Familiar fue algo de ayuda
   ___c. La reunion de Fiesta Familiar fue de muy gran ayuda

3. En comparación a agencias de gobierno actuales, la reunion de Fiesta Familiar fue más o menos efectiva en ofrecerle con información útil acerca de sus necesidades para su miembro familiar que está incapacitado? (por favor marque solo una respuesta en el espacio provisto)

   ___a. La reunion de Fiesta Familiar fue menos efectiva
   ___b. La reunion de Fiesta Familiar fue igualmente efectiva
   ___c. La reunion de Fiesta Familiar fue más efectiva

4. Le recomendara el programa Fiesta Familiar a un amigo o familiar? (por favor marque solo una respuesta el el espacio provisto)

   ___a. Definitivamente sí
   ___b. Probablemente sí
   ___c. Probablemente no
   ___d. Definitivamente no

5. Que tema le gustaría que discutieran en la próxima reunion de Fiesta Familiar? _____
_____
_____
_____

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SELPA

Special Education Local Plan Area of Monterey County

Larry C. Lindstrom, Director

Monterey County Special Education Local Plan Area

EVALUATION

Title of Session	Presenter	Date

(Circle the Appropriate Number)

1. Was the subject for this session clear?	Clear	5	4	3	2	1	Vague
2. To what extent were your expectations met?	Fully	5	4	3	2	1	Little
3. How well was the presentation organized?	Very Well	5	4	3	2	1	Very Poor
4. How helpful do you think the presentation will be to you?	Very Much	5	4	3	2	1	Very Little
5. Was there enough time allowed to understand the subject?	Too Little	1 2 3 4 5 4 3 2 1					Too Much

One thing I found most useful and will use in my daily experience is . . .

What I would like more of is information or training in . . .

What I would change in this workshop is . . .

I would be interested in serving on the Community Advisory Committee. ☐ Yes ☐ No
(If yes, please list your name and phone number below.)

PHONE #_____

NAME (Optional)	SCHOOL DISTRICT	POSITION

901 Blanco Circle, P.O. Box 80851 Salinas, CA 93912-0851 • Salinas (408) 755-0340 / Monterey (408) 373-2955 ext. 340

SELPA Special Education Local Plan Area of Monterey County

Larry C. Lindstrom, Director

Monterey County Special Education Local Plan Area

EVALUACION

Titulo de la Sesión	Presentador/a	Fecha

(Marque el Número Apropiado)

1. ¿Fue presentdo el tópico de esta sesión en una forma clara?	Claro	5	4	3	2	1		Indefinido
2. ¿Hasta qué punto cumplió con sus expectaciones esta sesión?	Plena-mente	5	4	3	2	1		Poco
3. ¿Qué tan bien organizada estuvo la presentación?	Muy Bien	5	4	3	2	1		Muy Pobre
4. ¿De cuanto beneficio piensa que será la presentación para usted?	Mucho	5	4	3	2	1		Muy Poco
5. ¿Se permitió suficiente tiempo para entender el tópico?	Muy Poco	1 2 3 4 5 4 3 2 1						De Mas

Una cosa que encontré más útil y que usaré en mis experiencias de todas los días es . . .

Me gustaría más información o capacitacion en . . .

Lo que yo cambiaría en este cursillo . . .

Me interesaría servir en el Comité Consejero de la Comunidad. Si ☐ No ☐
(Si es así, favor de escribir su nombre y su número de teléfono abajo.)

Nombre (Opcional)	Distrito Escolar Que Asiste Su Hijo/a	Número Telefonico

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