



WORKSHOP EVALUATION
Effective Partnership in Special Education: Advocating in Harmony

LOCATION:

DATE:

1. Please review the following list of topics and give some thought to what you knew before and what you learned here. Circle the number that best represents your knowledge **before**, then **after** this training.

RATING SCALE: 1 = No or very little knowledge 3 = Fair amount of knowledge
 5 = A great deal of knowledge

BEFORE TRAINING					SELF-ASSESSMENT OF KNOWLEDGE RELATED TO:	AFTER TRAINING				
1	2	3	4	5	The importance of partnership and advocacy	1	2	3	4	5
1	2	3	4	5	Effective Communication	1	2	3	4	5
1	2	3	4	5	Effective Recordkeeping	1	2	3	4	5
1	2	3	4	5	Preparation for IEP meeting	1	2	3	4	5
1	2	3	4	5	Participation in the IEP team process	1	2	3	4	5
1	2	3	4	5	Strategies for effective school partnerships	1	2	3	4	5
1	2	3	4	5	Resolving issues at the IEP table	1	2	3	4	5
1	2	3	4	5	Community resources that can help	1	2	3	4	5

2. Please rate the following statements using a 1 through 5 scale

1 = Disagree strongly ← ————— → 5 = Agree strongly

1. The information met my needs.	1	2	3	4	5
2. The materials were helpful.	1	2	3	4	5
3. The materials were of high quality.	1	2	3	4	5
4. The training met my expectations.	1	2	3	4	5
5. I will be able to use what I learned in this training.	1	2	3	4	5

Please go to next page.

OVERALL EVALUATION OF TRAINING

3. Please take a moment to answer the following questions. Your comments are an **important contribution** to our designing learning experiences that meet your needs.

What is **the one thing you will do differently** as a result of this training?



What do you feel were the **strengths** of this training?



How can we **improve** this training?



What other topics would you like to see for future trainings?

Additional comments...