PROVINCE OF FLORIDA

INSERVICE EVALUATION SUMMARY FORM

Component Title: _____

Component Number: _____ Date: _____

Submitted by: _____

Total Number of Participants: _____

Directions: **Summarize the participants' evaluations by giving the total number of each response, as indicated below:**

(1) Strongly Agree (2) Agree (3) Disagree (4) Strongly Disagree (5) N/A

		1	2	3	4	5
1.	The consultant/facilitator succeeded in securing a high degree of participant involvement	____	____	____	____	____
2.	The instructor was well-prepared.	____	____	____	____	____
3.	The materials and handouts were helpful and relevant.	____	____	____	____	____
4.	The workshop was very informative.	____	____	____	____	____
5.	Most of the objectives of the workshop were achieved.	____	____	____	____	____

COMMENTS, SUGGESTIONS OR RECOMMENDATIONS:

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