

**CONTRA COSTA COLLEGE
WORKSHOP EVALUATION**

Workshop Title:

Date:

Workshop Leader(s):

Please complete and return to workshop presenter, who will send the evaluations to Chanel Barton in the Professional Development Office (Library & Learning Resources Center - mezzanine).

Please place an X in the appropriate box. (If criteria does not fit topic of workshop, please mark N/A box.)	Strongly Agree	Agree	N/A	Disagree	Strongly Disagree
1. The workshop met its stated goal or objectives.					
2. The workshop leader was knowledgeable.					
3. The workshop was well organized.					
4. The presentation of the material was clear & understandable.					

Pick at least **ONE** of the following to answer (please don't pick all of them).

This section will help us with SLO Assessment.

1. I will be able to use technology more effectively with the information/skills I learned today.					
2. My job skills have been enhanced by the information/skills I learned today, which may increase my opportunities for advancement.					
3. I will be able to use instructional models that are grounded in sound theoretical frameworks & good practice as a result of the information & skills I learned today.					
4. I will be able to create working & learning environments that are inclusive, engaging, challenging, relevant, welcoming, purposeful, & responsive to diverse cultures with the information/skills I learned today.					
5. My knowledge about the district and/or college has increased.					
6. My participation has increased my morale and well-being.					

The State requires that professional development activities fulfill one of the following purposes. Please check or circle the **ONE** purpose that you met by participating in this activity.

- Course instruction and evaluation.
- Staff development, in-service training and instructional improvement.
- Program and course curriculum or learning resource development and evaluation.
- Student personnel services and evaluation.
- Learning resources services.
- Related activities, such as student advising, guidance, orientation, matriculation services, and student, faculty and staff diversity.
- Department or division meetings (part-time faculty ONLY, unless during official Flex Days), conferences and workshops, and institutional research.
- Other duties as assigned by the district.
- Other category that contributes to the improvement of instruction, administrative, or student services.

YOUR DESIGNATION:

Faculty - Full-time _____

Faculty - Part-time _____

Classified – Full-time _____

Classified - Part-time _____

Administrator _____

Student _____

Comments: