Workshop/Instructor Evaluation Form

Seminar Location ___________________________ Date ________________

Profession:  Special Education Teacher  Special Education Administrator

Other (please specify): ________________________________________________

1. How well were the following objectives met?
   Participants will:
   a. become familiar with the definition, characteristics, and other related information regarding autism spectrum disorders 4 3 2 1
   b. be able to recognize evidence-based practices in assessing students with ASD 4 3 2 1
   c. be able to recognize components for developing an effective educational program for students with ASD 4 3 2 1
   d. understand the importance of effective collaboration, resources, and supports for students with autism spectrum disorders 4 3 2 1

2. How well did the instructor present the material?  4 3 2 1

3. How well did the instructor respond to participants’ questions/comments?  4 3 2 1

4. How were the audiovisual components (Powerpoint, videos, etc.) of the seminar?  4 3 2 1

5. How useful were the handouts?  4 3 2 1

6. How useful is this information to you in your work/life?  4 3 2 1

7. By attending this seminar, I believe: (check all that apply)
   ___ I have better knowledge upon which to base my decisions/actions in my setting
   ___ I will be able to perform new skills in my setting
   ___ Other (please indicate) ________________________________________________

8. What were the major positive points of the seminar? ________________________________________________

9. What improvements could be made to this seminar? ________________________________________________

10. Additional comments: ________________________________________________