

Workforce Innovations 2008 Learning Lab Session Evaluation

Session Title: _____

Date & Time: _____

Please use the rating scale below to answer questions 1 – 4.

1	2	3	4	5	6	7	8	9	10
Not At All									To a Very High Degree

1. This session was helpful in my **understanding** of the topic.
2. This session provided **take-away strategies** that could be shared or applied within my organization.
3. The **presenter(s)** were prepared for the presentation and knowledgeable of the topic.
4. What was your **overall evaluation** for this session?

Comments: _____

You are not required to respond to this information collection; however, your assistance will help the Department of Labor to improve the quality and delivery of conference information. Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will to anyone outside the study team, except as required by law. Persons are not required to respond to a collection of information unless it displays a currently valid OMB control number.

Burden Statement—The public reporting burden for this evaluation is estimated to average three (3) minutes per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimate, and suggestions for reducing the burden to the U. S. Department of Labor, Room S-34129, 200 Constitution Avenue, N.W., Washington, DC 20210.