**Workshop Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Center for Legislative Archives** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Instructions: Tell us about your experience today by *circling* your choices. This valuable information will improve future public outreach programs. Please turn in your completed survey to the designated area or to a staff member. We appreciate your feedback. Thank you for helping us serve you better.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Overall, I am satisfied with my education program experience today** *(141)****.****\** | | | | | | | | |
| Strongly Agree | | Agree | | Disagree | | | | Strongly Disagree |
|  | **Is this your first time participating in a Center for Legislative Archives’ workshop** *(142)***?** | | | | | | | | |
| Yes | | | | No | | | | |
|  | **I learned something that I can apply to my work** *(149)***.** | | | | | | | | |
| Yes | | | | | No | | | |
|  | **I gained new knowledge and/or skills.** | | | | | | | | |
| Yes | | | | | No | | | |
|  | **The material provided effectively aligns with current education standards.** | | | | | | | | |
| Yes | | | | | No | | | |
|  | **The audiovisual materials were effective, clear, and appropriate.** | | | | | | | | |
| Yes | | | | | No | | | |
|  | **The audiovisual technologies were fully functioning** *(144)***.** | | | | | | | | |
| Yes | | | | No | | | | |
|  | **Overall, the presenter was effective.** | | | | | | | | |
| Strongly Agree | Agree | | Disagree | | | | Strongly Disagree | |
|  | **The program meets my professional needs** *(150)***.** | | | | | | | | |
| Yes | | | | | | No | | |
|  | **Will you recommend this program to other educators** *(147)***?** | | | | | | | | |
| Yes | | | | | No | | | |
|  | **The facilities were clean and well maintained** *(143)*. | | | | | | | | |
| Yes | | | | | No | | | |
|  | **Additional Comment(s): (Please feel free to write on the back of this sheet.)** | | | | | | | | |
|  | **Sex** *(145)***:** | | | | | | | | |
| Female | | | | Male | | | | |

\**Numbers are for internal purposes only\**