**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\**