

Please complete this form and return to the CEESA office.

Name of Presenter/Mentor/Other and subject area:

School :

Date:

Rating scale: (1) - strongly agree (2) - agree (3) - disagree please circle

1. The content of the *Workshop/ mentorship/ other* ,met our school's expectations / needs:

(1) (2) (3)

2. The Presenter/mentor/other was well prepared:

(1) (2) (3)

3. The Presenter/mentor/other was :

A. excellent / B. good / C. fair / D. poor Please circle

4. Would you reccommend this Presenter/mentor/other?

yes no

Comments:

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Name, of Evaluator:

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