

# Girl Scouts of San Jacinto Council Workshop Evaluation

Date: \_\_\_\_\_ Name of Workshop: \_\_\_\_\_ Event Name: \_\_\_\_\_  
Participant Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Service Unit: \_\_\_\_\_ Adult years in Girl Scouts: \_\_\_\_\_

## OVERALL RATING FOR THIS TRAINING: (CHECK ONE)

Very Satisfied     Satisfied     Somewhat Satisfied     Somewhat Dissatisfied     Dissatisfied

Which of the following best describe this workshop? Check all that apply.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Interesting               | <input type="checkbox"/> Disorganized                 | <input type="checkbox"/> Plenty of discussion time        |
| <input type="checkbox"/> Disappointing             | <input type="checkbox"/> Energizing                   | <input type="checkbox"/> Opportunity to ask questions     |
| <input type="checkbox"/> Outstanding               | <input type="checkbox"/> Fun                          | <input type="checkbox"/> Good class participation         |
| <input type="checkbox"/> Boring                    | <input type="checkbox"/> Well-organized               | <input type="checkbox"/> Visual aids helped with learning |
| <input type="checkbox"/> Practical                 | <input type="checkbox"/> Too much lecture             | <input type="checkbox"/> Handouts helpful                 |
| <input type="checkbox"/> Overwhelming              | <input type="checkbox"/> Just what I needed           | <input type="checkbox"/> Needed more depth                |
| <input type="checkbox"/> Content clearly explained | <input type="checkbox"/> Delivery method fit my needs |   |

One important thing I learned at this workshop was: \_\_\_\_\_

Do you have unanswered questions, need more information or want to offer comments or suggestions? If yes, a Volunteer Development representative will contact you.  Yes     No    Best time to call: \_\_\_\_\_

***Thank You for completing this evaluation.  
We want to continually improve and fulfill all your Girl Scout Training needs.***

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