



Measurement Inc.
NYGEAR UP TECHNICAL WORKSHOP 2009
EVALUATION

1. Please rate the overall value of the workshop

_____ Excellent _____ Very Good _____ Good _____ Fair _____ Poor

Comment _____

2. Please rate the overall effectiveness of the presenter (s) in helping you understand the topic discussed.

_____ Excellent _____ Very Good _____ Good _____ Fair _____ Poor

Comment _____

3. Please rate the sufficiency of time allocated for asking questions and discussing the issues that concern you.

_____ Excellent _____ Very Good _____ Good _____ Fair _____ Poor

Comment _____

4. Please indicate what workshop format you would prefer for the future NYGEAR Technical Workshops.

_____ General Presentation Format _____ Round table focus groups

5. Would you be interested in administering the ACCUPLACER exam with your GEAR UP cohort?

Yes No

6. May we contact you and your evaluator to discuss upcoming data upload deadlines and future training needs? Yes No

Program Director Name:

Evaluator Name:

Address :

City, St.

Phone# (s)

E-mail (s)

PLEASE COMPLETE AND RETURN THIS SURVEY AT THE END OF THE SESSION.
THANK YOU.