

Mental Health/ Social Service Agency	Presenter(s) name	Presenter(s) Title	Topic of Presentation	Date

**SUMMARY SHEET**

**Participant’s Role: (please check one)**

Student: \_\_\_\_\_ Teacher: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_ Administrator/School Leadership: \_\_\_\_\_

Paraprofessional: \_\_\_\_\_ Guidance Counselor/Social Worker: \_\_\_\_\_ Other: \_\_\_\_\_

*Your feedback is greatly appreciated and will help us improve future presentations, workshops and professional developments.*

Please check the box the best represents your experience:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The presentation objectives were clear to me.					
2. The material covered in today’s presentation was relevant to my work.					
3. The presenter:					
a. Seemed prepared and well organized					
b. Seemed knowledgeable about the content					
c. Created a safe environment for learning					
4. I would recommend this presentation to others.					

*(Please continue on back)*

## **SUMMARY SHEET**

5. Please list **3** things that you learned from this presentation:

1.

2.

3.

6. Please provide **3** suggestions for future workshops, training or professional development:

1.

2.

3.

7. Is there anything you would change or add to this presentation to help improve future workshops, trainings or professional development?

Thank you for your feedback!