

Mental Health/ Social Service Agency	Presenter(s) name & Title	School DBN	Topic of Presentation	Date
DOHMH	Jennifer Chan , School Mental Health Consultant	28Q174	Helping your child with testing anxiety	2/25/2020

SUMMARY SHEET

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

Participant’s Role: (please check one)

Student:_____ Teacher:_____ Parent/Guardian:_____ Administrator/School Leadership:_____ Paraprofessional:_____ Guidance Counselor/Social Worker:_____ Other: _____

PLEASE CHECK THE BOX THAT 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.					
d. I would recommend this presentation to others.					

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

- 1.
- 2.
- 3.

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

- 1.
- 2.
- 3.

6. 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!