



Educational Session Evaluation

Your input of the course and its presentation is very important to help us improve our program and is necessary for facilitators to evaluate themselves. Please mark the boxes indicating your answers or write within the lines provided.

1. Do you feel that the information presented at this session was useful?
 Not useful at all Some what useful Very useful
2. How well do you feel that you understand the information presented at this session?
 Not well at all Okay Very well
3. Did the session cover the stated content for this course?
 Not sure No Yes

Please comment on any parts of this educational session that were helpful, not helpful or need clarification.

Scale Definition: SD – Strongly Disagree D – Disagree A – Agree SA – Strongly Agree

	SD	D	A	SA
4. The information was presented in a variety of ways. (i.e. posters, discussion groups and/or role play)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The facilitator(s) were well prepared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The facilitator(s) reviewed the course content and adapted to participant needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The facilitator(s) understood the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The facilitator(s) stimulated discussion and encouraged group involvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I feel more comfortable in my volunteer position as a result of this educational session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I now have increased knowledge on this topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Overall, I am satisfied with the educational session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What information do you still require to continue in your volunteer position? _____

What improvements would you suggest to make this educational session more useful in the future? _____

More, turn over -->

In order to complete the statistical information for our United Ways/Fund funding it is very helpful for us to obtain the following data. Please mark the categories which apply to you (optional):

12. Ethnic Origin:
- American Indian/Alaskan Native Hispanic/Latino (any race) African American/Black
- Asian/Pacific Islander White (not of Hispanic origin)
- Other (specify) _____
13. Position for which you are taking this course:
- Troop Leader Assistant Leader Organizer Consultant
- Service Unit Manager Service Team Member (specify) _____
- Other (specify) _____

Optional: I am interested in more information. Additional Comments: _____

Thank You!

Name: _____ Troop #: _____ SU: _____

Phones: (Day) _____ (Cell) _____

Email: _____

Address: _____

