

SUITED 4 SUCCESS, LLC

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College Planning Workshop

Facilitator: Regina Robinson

Name (optional):

Date:

Location:

Please rate the following elements of the presentation:

Evaluation Form

| Facilitator: | Excellent | Very Good | Good | Fair | Poor |
|---|------------------|------------------|-------------|-------------|-------------|
| 1. Knowledge of subject matter | | | | | |
| 2. Presentation covered in detail | | | | | |
| 3. Overall facilitator rating | | | | | |
| Workshop Content: | Excellent | Very Good | Good | Fair | Poor |
| 1. Did the information presented achieve its objectives | | | | | |
| 2. Use of time | | | | | |
| 3. Overall rating | | | | | |
| Materials: | Excellent | Very Good | Good | Fair | Poor |
| 1. Overall quality of workshop materials | | | | | |
| 2. Potential value as future reference material | | | | | |
| 3. Value of presentation materials | | | | | |

Additional Comments:

What if anything would you change about the presentation?

If your interested in a one-on-one consultation please fill-in your contact information:

Name:

Phone:

Email address:

Best Time to call: