

Assistive Technology Training Alliance Workshop Evaluation Form

Name of Workshop Attended:

Date of Workshop:

Presented By:

Workshop Objectives: Please rate how well you feel the workshop achieved the following objectives.

1. Not at all 2. Poor 3. Adequate 4. Very Goodl. 5. Excellent

	Objectives	1	2	3	4	5
A	Increased my knowledge of					
B	Increased my awareness of					
C	Increased my skills in					
D						

Objectives related to the state plan:

1. Not at all 2. Unlikely 3. Likely 4. Very Likely 5. Definitely

	Objectives	1	2	3	4	5
A	I will use what I learned to select an assistive technology solution used for employment .					
B	I will use what I learned to select an assistive technology solution used for community living .					
C	I will use what I learned to select an assistive technology solution used for education .					

Reflective Practice Question: Please list or describe at least one example of how you plan to use the information that you learned during this workshop:

Additional Comment: