



CENTER FOR AUTISM AND RELATED DISABILITIES

UNIVERSITY AT ALBANY State University of New York

Workshop/Instructor Evaluation Form

Seminar Location _____

Date _____

Profession: Special Education Teacher Special Education Administrator

Other (please specify): _____

	Excellent	Good	Fair	Poor
1. How well were the following objectives met?				
Participants will:				
a. become familiar with the definition, characteristics, and other related information regarding autism spectrum disorders	4	3	2	1
b. be able to recognize evidence- based practices in assessing students with ASD	4	3	2	1
c. be able to recognize components for developing an effective educational program for students with ASD	4	3	2	1
d. understand the importance of effective collaboration, resources, and supports for students with autism spectrum disorders	4	3	2	1
2. How well did the instructor present the material?	4	3	2	1
3. How well did the instructor respond to participants' questions/ comments?	4	3	2	1
4. How were the audiovisual components (Powerpoint, videos, etc.) of the seminar?	4	3	2	1
5. How useful were the handouts?	4	3	2	1
6. How useful is this information to you in your work/life?	4	3	2	1
7. By attending this seminar, I believe: (check all that apply)				
_____ I have better knowledge upon which to base my decisions/actions in my setting				
_____ I will be able to perform new skills in my setting				
_____ Other (please indicate) _____				
8. What were the major positive points of the seminar?				

9. What improvements could be made to this seminar?				

10. Additional comments:				

