



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
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|--|---|---|---|---|
| 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:

