

Gerstein Science Information Centre **Evaluation Form**

Name of Session: _____ Date: _____

Please circle the number that best represents your evaluation of each of the following criteria:

	<u>High</u>				<u>Low</u>
1. Overall quality of the session	5	4	3	2	1
2. Relevance	5	4	3	2	1
3. Knowledge of trainers	5	4	3	2	1
4. Quality of handouts	5	4	3	2	1
5. Clarity of presentation	5	4	3	2	1

6. How much of the material presented today was new to you? (circle one)

Totally new Somewhat new Nothing new

7. Pace of session (circle one) Just right Too fast Too slow

8. Quantity of information (circle one) Just right Too much Too little

9. How did you find out about this session? (circle one)

Professor T.A. Library Staff Friend Internet Signs Pamphlet
Other (please specify):

10. How could the session have been more useful to you?
(what to drop; what to change)

11. What further training or support, if any, would you like? Explain.

12. Any other comments, please.