Name of Session: ________________________________ Date: ________________

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

1. Overall quality of the session
   High: 5  4  3  2  1
   Low:  

2. Relevance
   High: 5  4  3  2  1
   Low:  

3. Knowledge of trainers
   High: 5  4  3  2  1
   Low:  

4. Quality of handouts
   High: 5  4  3  2  1
   Low:  

5. Clarity of presentation
   High: 5  4  3  2  1
   Low:  

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.