

Evaluation Form for Participants

UNIT NAME _____ **DATE** _____

Indicate three new things you learned about ASPIRA as a result of attending the workshops.

1. _____
2. _____
3. _____

How might this new knowledge be helpful to you in the near future?

In what ways were the handouts useful?

How could these workshops be improved?

1. _____
2. _____
3. _____

Please indicate how your behavior may change as a result of attending these workshops.

What will you stop doing?

What will you start doing?

What will you continue to do?

What else would you like us to know?
