



Secrets of Success (SOS) Workshop Evaluation Form

DATE: _____ TIME: _____ Workshop Title: _____

1. How did you hear about this SOS workshop?
- Instructor / Counselor**
 KCC Announcements/Calendar/Website
 Classmate / Friend
 Social Media: Facebook/Text message/Twitter/others
 Bookmark / Flyers
 Other (please specify): _____
 SOS Website for more info
 Extra Credit?
 Class or Instructor _____

1/2015 GH, GI

	N/A Not Applicable	STRONGLY DISAGREE 	DISAGREE	AGREE	STRONGLY AGREE 
2. The presentation of the material covered in the workshop was clear.		1	2	3	4
3. The visual aids (board, overheads, slides, videos, etc.) were helpful.	<input type="checkbox"/>	1	2	3	4
4. I think I understood most of the workshop material.		1	2	3	4
5. The handouts were useful.	<input type="checkbox"/>	1	2	3	4
6. The workshop was helpful.		1	2	3	4

7. Name one useful thing you learned from this workshop.

8. What could we do to improve the workshop?

9. What other kinds of SOS workshop topics would you like to see?

OTHER COMMENTS: