

Workshop Feedback

(To be completed by the workshop provider and returned to CERRA)

Name of Workshop: _____

Date of Workshop: _____

Location: _____

Facilitator: _____

Which describes you? (More than one may be selected)

- Classroom Teacher
- District Office Personnel
- NB Liaison
- NBCT
- Other _____

Workshop Participants by number:

- ___ Pre-candidates
- ___ Take One! candidates
- ___ First time candidates
- ___ Bankers
- ___ Renewal candidates

Based on the evaluation forms received from workshop participants, to what degree do you feel the workshop met, or did not meet, their needs?

Tell about two things that went really well in your workshop.

Which activities and/or handouts did you use or eliminate?

If you used activities or handouts from other sources, briefly describe them, and would you be willing to share those with others in the CERRA network?

How might you suggest the workshop (and/or materials) be revised or modified to better support your work with candidates?

Other comments about the workshop or its presentation:

Please return this form to CERRA, Attn: National Board Candidate Support
Mail: CERRA, Stewart House at Winthrop University, Rock Hill, SC 29733
Fax: 803.323.4044