



# Lions Quest – Evaluation



PLEASE PRINT

Workshop Length (Choose One):  2 Days  3 Days

Workshop Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Facilitator's Name: \_\_\_\_\_

Location: \_\_\_\_\_  
CITY STATE or PROVINCE COUNTRY

Grade level(s) at which you teach: (Circle all that apply) K 1 2 3 4 5 6 7 8 9 10 11 12 College None

Estimate the # of students you personally expect to provide Lions Quest instruction to annually:

Capacity: (Check One)  Teacher  Principal  Counselor  Lion  County or Central Office  
 School based support staff (library, nurse, aide, etc.)  Community Resource Person  Other

	Strongly Disagree	Disagree	Agree	Strongly Agree
<b>A. About the Workshop:</b>				
1. I received sufficient preparation and/or review for ways to create a relationship-centered classroom.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I engaged in and am prepared to establish classroom agreements for appropriate behaviors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am more aware of the Lions Quest program components: classroom curriculum, service-learning, positive school climate, parent involvement, and community engagement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I learned and/or reviewed instructional strategies that will help me be successful in using this classroom curriculum.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am more aware of how to implement (or improve implementation of) the Lions Quest program components in my classroom, school, and community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B. About the Facilitator:</b>				
1. Demonstrated expertise in the subject matter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Was able to present the information in a way that was easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Was able to listen and appropriately respond to participant questions/concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Was able to engage the participants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Was prepared, organized, and utilized time effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Ineffective	Effective	Very Effective	
<b>C. Overall Rating:</b>				
1. My overall evaluation of the <u>workshop</u> is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. My overall evaluation of the <u>facilitator</u> is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>D. Other Comments:</b>				
1. A one-day workshop with an online pre-workshop course would be more convenient than a two or three day workshop.	<input type="radio"/> Yes		<input type="radio"/> No	
2. The workshop can be done in one day WITHOUT an online pre-workshop course.	<input type="radio"/> Yes		<input type="radio"/> No	
<b>MOST</b> valuable part of the Workshop for me was:				
<b>LEAST</b> valuable part of the Workshop for me was:				
<b>RECOMMENDATIONS</b> for Improvements are:				

Participant Name (Optional) \_\_\_\_\_