EVALUATION
Georgia Charter System Governance Workshop for Local School Councils

Your Name (optional): ______________________ Email (optional): ______________________

Role: ___ Administrator   ___ Teacher   ___ Parent   ___ Community Member   ___ Other

Knowledge Transfer Metric: Rate your knowledge of charter system governance.

Place the letter "B" on the scale where you would rate your level of knowledge BEFORE the workshop. Place the letter "A" on the scale where you would rate your level of knowledge AFTER the workshop.

1 2 3 4 5 6 7 8 9 10
Low High

For each of the statements below, please indicate the extent of your agreement or disagreement by placing a check mark in the appropriate column.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The content of the workshop was useful to me.</td>
<td></td>
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<tr>
<td>2. The style of presentation was appropriate for the topic and setting.</td>
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<td>3. The facilitator met my expectations for the session.</td>
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</tbody>
</table>

Comments:

Please provide specific feedback about the presenter.

Identify TWO ‘take aways’ from this workshop of highly probable use to you.

1.

2.

List other areas of training that would benefit you or the team as a whole.