**Workshop Planning Form**

|  |  |
| --- | --- |
| **Workshop Topic** |  |
| **Workshop Description** |  |
| **Location**  Community contact to secure a location  Room requirements |  |
| **Workshop Date and Time** |  |
| **Target Audience**  Number of people you plan to have attend the workshop |  |
| **Presenter Name** |  |
| **Equipment** |  |
| **Resource Material** |  |
| **Travel Arrangements** |  |
| **Workshop sign-up sheet and Evaluation form** |  |

**Workshop Sign-In Sheet**

**Date:**

**Community:**

**Workshop:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Age: (years) -under 18  -18-30 -30-60 -60+** | **Contact information** |
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## Workshop Evaluation Survey

Workshop Topic:

Community:

Date:

We would like to know how you feel about today’s workshop so that we can improve our workshops and report back to our funder.

How would you rate your knowledge of the topic BEFORE the workshop?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 |  | 2 |  | 3 |  | 4 |
| I KNOW NOTHING ABOUT THIS TOPIC |  | I KNOW A LITTLE ABOUT THIS TOPIC |  | I KNOW A LOT ABOUT THIS TOPIC |  | I KNOW ALMOST EVERYTHING ABOUT THIS TOPIC |

How would you rate your learning - newknowledge or skills - AFTER the workshops you attended?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 |  | 2 |  | 3 |  | 4 |
| I KNOW NOTHING ABOUT THIS TOPIC |  | I KNOW A LITTLE ABOUT THIS TOPIC |  | I KNOW A LOT ABOUT THIS TOPIC |  | I KNOW ALMOST EVERYTHING ABOUT THIS TOPIC |

What did you learn?

What will you do differently at home or in your community?

## Comments

What other thoughts or comments about the workshop do you have?