SPECIAL NEEDS TRANSPORT IN-SERVICE FOR OTs, PTs AND HOSPITAL PERSONNEL
Workshop Evaluation

Title of Workshop: Special Needs Transport In-Service for OTs, PTs and Hospital Personnel

Presenter(s): _____________________________________________________________

Date: __________________________

Please rate the following items on a scale from 1 to 5 by circling the appropriate number:
1 = STRONGLY DISAGREE and 5 = STRONGLY AGREE

1. I felt that the workshop was well organized and the main points were well covered and clarified.

2. I felt that the instructor demonstrated comprehensive knowledge of the subject matter.

3. I felt the workshop helped me understand more about transporting children with special healthcare needs.

4. I felt the presentation conveyed ideas effectively and clearly and the material was informative and easy to understand.

5. I gained useful information and will be able to apply what I learned to my professional or personal life.

6. What was the most valuable aspect of the workshop?

7. What could have been done to improve the workshop?

Additional comments or suggestions:

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April 2017