

IDASL Seminar Feedback and Weekly Reflection

Your Name: _____ Date: _____

Topic of Seminar: _____

Presenter: _____

I.		Strongly Agree			Strongly Disagree
1.	This seminar presented new concepts or new ways of thinking about old things.	4	3	2	1
2.	This seminar had an impact on my thinking or beliefs.	4	3	2	1
3.	I have a clearer understanding of the main topic as a result of this seminar.	4	3	2	1
4.	The presentation style was effective.	4	3	2	1

II. What are two things from today's seminar you liked the most and why?

1.

2.

III. Is there anything from today's seminar you did not like, and how would you change it?

IV. What changes in your professional/personal behavior do you anticipate as a result of today's seminar?

V. Would you keep this seminar for next year? Yes No If no, why not?