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## **Evaluation Summary Form - Workshops** Review of Workshop



**Approved Sponsor:** UNC Department of ASL & Interpreting Studies Workshop Information -Instructor Name: Workshop Date: Number of CEUs awarded: **Professional Studies General Studies** The workshop's content area aligns with: The workshop's content level aligns with: Little/None Some Intensive **Teaching** Was distance technology used for delivery? Yes No Was ADA/504 accommodations provided? Yes No **Comments:** Please tally and enter the total number of responses to the following questions: The workshop had clearly stated objectives. 5 N/A The content of this workshop was described adequately in advance publicity. N/A The workshop provided strategies I can use in my work as an interpreter. N/A The presenter(s) communicated a clear understanding of topic content. N/A The instructional level of this workshop was consistent with my expectations. N/A The organization of this workshop was effective and maximized learning. 5 N/A The organization of this workshop was effective and maximized learning. N/A The audiovisual and supplementary materials were assets to this workshop. N/A 5 I will incorporate the knowledge/skills gained from this workshop into my work. N/A 10. This workshop will contribute to my professional growth. N/A 11. I would like more advanced training in this area.

N/A

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## Please summarize answers to the following questions:

What specific aspects of the workshop did you find most useful or helpful?	,

Attendees Demographics -				
Why or why not:				
Use the facility again:	Yes	No		
Would you invite the speaker(s) again:	Yes	No		
What training do you need to better handle the job req	uirements of an iı	nterpreter?		
How could the workshop be improved (e.g., topics, pres	senter, facilitator,	technology)?		
How did the use of technology allow you to participate	in this workshop?	•		
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what specific aspects of the workshop did you find mos	it userui or neipiu	II:		

Total # of participants	Male Female	Hearing Deaf Hard of Hearing Deaf/Blind	Interpreter Student Interpreter Educator of DHH Parent of a Deaf child Other
African American/Black	18-	25	K-12
Alaskan Native	26-	40	Post-Secondary
American Indian	41-	55	Community
Asian American	56-	-65	Corporate/Technical
Caucasian	Ove	er 65	Medical
Hispanic/Latino American			Mental Health
Pacific Islander			VRS/VRI
Other			Legal
			Other