

December 9<sup>th</sup> and 10<sup>th</sup>, 2014

Iowa Sector and Career Pathways Workshop

EVALUATION

1. Overall Impressions

Please rate the following components:	Excellent	Good	Fair	Poor
a. Logistical arrangements	4	3	2	1
b. Facility and meals	4	3	2	1
c. Presenters and speakers	4	3	2	1
d. Facilitation of discussions	4	3	2	1
f. Workshop Overall	4	3	2	1

2. 10a.m. – 11 a.m.

**Overview and Introductory Activities**

For each of the following statements, please circle the number that represents your impressions of this workshop.	Strongly Agree	Agree	Disagree	Strongly Disagree
a. The content was appropriate and met my expectations.	4	3	2	1
b. The concepts presented can help me develop my own strategy.	4	3	2	1
c. Presenters were knowledgeable and responsive to participants.	4	3	2	1
d. The session was well paced with sufficient time for discussion.	4	3	2	1

3. 11a.m. – 12:30 a.m.

**Partnering with Industry**

For each of the following statements, please circle the number that represents your impressions of this workshop.	Strongly Agree	Agree	Disagree	Strongly Disagree
a. The content was appropriate and met my expectations.	4	3	2	1
b. The concepts presented can help me develop my own strategy.	4	3	2	1
c. Presenters were knowledgeable and responsive to participants.	4	3	2	1
d. The session was well paced with sufficient time for discussion.	4	3	2	1

4. 2:00-3:00

**Sector Diagramming or Different Pathway Models (circle the session you attended)**

For each of the following statements, please circle the number that represents your impressions of this workshop.	Strongly Agree	Agree	Disagree	Strongly Disagree
a. The content was appropriate and met my expectations.	4	3	2	1

b. The concepts presented can help me develop my own strategy.	4	3	2	1
c. Presenters were knowledgeable and responsive to participants.	4	3	2	1
d. The session was well paced with sufficient time for discussion.	4	3	2	1

5. 3:15-4:15

**Sector Boards or Different Pathway Models (circle the session you attended)**

For each of the following statements, please circle the number that represents your impressions of this workshop.	Strongly Agree	Agree	Disagree	Strongly Disagree
a. The content was appropriate and met my expectations.	4	3	2	1
b. The concepts presented can help me develop my own strategy.	4	3	2	1
c. Facilitators were responsive to participants.	4	3	2	1
d. The sessions were well paced with sufficient time for discussion.	4	3	2	1

6. Tuesday, 9:00-10:00

**Challenges of Your Student Population**

For each of the following statements, please circle the number that represents your impressions of this workshop.	Strongly Agree	Agree	Disagree	Strongly Disagree
a. The content was appropriate and met my expectations.	4	3	2	1
b. The concepts presented can help me develop my own strategy.	4	3	2	1
c. Facilitators were responsive to participants.	4	3	2	1
d. The sessions were well paced with sufficient time for discussion.	4	3	2	1

7. Tuesday, 10:15-11:30

**Helping Students Navigate College and the Labor Market**

For each of the following statements, please circle the number that represents your impressions of this workshop.	Strongly Agree	Agree	Disagree	Strongly Disagree
a. The content was appropriate and met my expectations.	4	3	2	1
b. The concepts presented can help me develop my own strategy.	4	3	2	1
c. Presenters were knowledgeable and responsive to participants.	4	3	2	1
d. The session was well paced with sufficient time for discussion.	4	3	2	1

8. Tuesday, 11:45-12:15

**Role Roundtables**

For each of the following statements, please circle the number that represents your impressions of this workshop.	Strongly Agree	Agree	Disagree	Strongly Disagree
a. The process was appropriate and met my expectations.	4	3	2	1
b. The session helped me clarify the focus of my sector strategy.	4	3	2	1

c. I found the comments/suggestions of others in my group to be helpful.	4	3	2	1
d. The sessions were well paced with sufficient time for discussion.	4	3	2	1

9. What did you like best?

10. What did you like least?

11. Are there specific ideas or approaches you heard about during the workshop that you will implement in your organization or project?

12. Do you have any other comments or suggestions about the session?

Thank you for completing this evaluation.

(Optional) Name: \_\_\_\_\_

Organization: \_\_\_\_\_