Special Programs & Services
Seminars/Workshops –Summary

The information below must be completed in its entirety for credit.
If you have any questions regarding this process, please contact the SPS Office.

Workshop Information

Name: _____ B Number: _____

Title of Event: _____ Date: _____

Location of Event:_____

Summary of Event: Must be at least a paragraph to receive workshop credit.

_____
_____
_____
_____
_____
_____
_____
_____
_____

How would you rate this workshop? (Circle one)
A- Excellent B- Good C- Fair D- Poor E- Should not be repeated

What did you enjoy about this workshop?

_____
_____
_____

What could be done to improve or strengthen the workshop?

_____
_____
_____

Student Signature: _____

Presenter or Staff Signature: _____