



LEARNING RESOURCE CENTER EVALUATION FORM INFORMATION LITERACY WORKSHOP

Please respond to the following statements by ticking (✓) on **ONE (1)** of the boxes provided.

Date of Session: _____
Time of Session: _____
Student Name (optional): _____
Program: _____
Semester: _____

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The content outline in this workshop provided me with useful information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The skills and knowledge learned are useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The facilitator presented the materials in a well-organized manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The facilitator provided clear explanations with useful examples.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. After this session, I think I will be able to find information on my subject(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. After this session, I think I will be able to make proper citations for my assignments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In general, I am satisfied with the training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Suggestions to improve the session or topic I would like the facilitator to spend more time on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you