



Nurse Healers—
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 The Official Organization of Therapeutic Touch®

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Sample Workshop Evaluation Form (Template)

Program: _____

Location: _____ Date: _____

Overall Goal: _____

Rating Scale: 5 = Excellent, 4 = Very Good, 3 = Good, 2 = Fair, 1 = Poor

Session	Title	5	4	3	2	1
Speaker (Name)	Teaching Effectiveness, Knowledge, Organization					
	Effectiveness of Teaching Methods					
Objectives Met by Learner	List Each Objective Here 1.					

	5	4	3	2	1
Objectives Relate to Overall Goal					
Physical Facilities Appropriate					

Comments: Use reverse if needed

This is an example & template. Does not need to be in this order, but everything needs to be included.