



THE NEW YORK INSTITUTE FOR PSYCHOTHERAPY TRAINING
In Infancy, Childhood and Adolescence
3701 Bedford Avenue
Brooklyn, New York 11229

CLASS EVALUATION BY WORKSHOP LEADER

Return to: Bill Salton, 1185 Park Avenue, #1E, New York, NY 10128

NAME OF SEMINAR/WORKSHOP LEADER: _____

TITLE OF WORKSHOP: _____

DATE OF WORKSHOP: _____

NAMES OF STUDENTS ATTENDING:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. IN GENERAL, HOW WAS THE SEMINAR/WORKSHOP RECEIVED?

2. HOW DOES THIS GROUP COMPARE TO OTHER GROUPS?

ATTITUDE? _____

BEHAVIOR? _____

PARTICIPATION? _____

OTHER? _____

3. WERE THERE ANY STUDENTS WHO DISTINGUISHED THEMSELVES IN A POSITIVE OR NEGATIVE WAY? PLEASE LIST NAMES AND DESCRIBE.

4. WOULD YOU LIKE TO TEACH THIS SEMINAR/WORKSHOP NEXT YEAR?

5. ANY SUGGESTIONS TO IMPROVE THE SEMINAR/WORKSHOP FOR NEXT YEAR?