



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

EVALUATION OF WORKSHOP/SEMINAR by CANDIDATE

Return this form to: Dr. Tracy Simon, 128 Wooster Street #4, New York, NY 10012

FACULTY MEMBER'S NAME:	
COURSE/WORKSHOP TITLE:	
DATE(S) OF COURSE:	

PLEASE EVALUATE THE FOLLOWING ON A SCALE OF 1-LOW TO 5-HIGH

- _____ Organization of Course Material
- _____ Preparation of Material by Faculty Member
- _____ Quality of Reading Material
- _____ Encouragement of Discussion
- _____ Relevancy of Discussion to Topic
- _____ Appropriate Level of Teaching (i.e. Did Faculty Member answer questions and clarify issues?)
- _____ Ability of Faculty Member to Hold Class Interest
- _____ Level of Knowledge You Obtained From This Class

Did the Class start on time? _____ End on time? _____

Please add any additional comments below (e.g. learning, climate, discussion, ability to teach, recommendation for faculty to continue teaching or not-teaching this course/workshop or reasons why, etc.)

COMMENTS:

Positive:

Negative: