

## Sabbath School Primary Classroom Workshop Evaluation

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please circle your response to the following items using the scale provided.

1. After attending the Sabbath School Primary Classroom Workshop, I feel confident in my ability to address children's behavioral conflicts in the classroom.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
-------------------	----------	---------	-------	----------------

2. Attending the Sabbath School Primary Classroom Workshop has helped me better understand the importance of knowing and applying behavior modification interventions in the class.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
-------------------	----------	---------	-------	----------------

3. I am familiar with the Sabbath School Handbook Guidelines for Sabbath School Personnel.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
-------------------	----------	---------	-------	----------------

4. I will implement the interventions and strategies from the workshop to redirect students during Sabbath School.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
-------------------	----------	---------	-------	----------------

5. I would recommend the Sabbath School Primary Classroom Workshop with others.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
-------------------	----------	---------	-------	----------------

6. The information, examples, and activities were concise, clearly explained and understood.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
-------------------	----------	---------	-------	----------------

7. The overall content from the workshop was well organized.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
----------------------	----------	---------	-------	-------------------

8. In the box provided, write how can this workshop be improved?

9. Any other comments or feedback?