CENTER FOR INNOVATION IN EDUCATION, INC.
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WORKSHOP TYPE

☐ *MTW* ☐ *MWT* ☐ ☐

Workshop Code ☐☐☐☐☐

MATH OR SCIENCE WORKSHOP EVALUATION

1. Position (choose any boxes that are appropriate; multiple roles and grades are okay) ☐ Other_____
   ☐ Classroom Teacher ☐ Special Education ☐ Administrator ☐ Resource ☐ Gifted
   ☐ PS ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
   ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

2. Reason for taking course: (choose one) ☐ Required ☐ Recommended ☐ Personal Choice ☐ Other_____

3. Years I have been teaching: ☐ 0 ☐ 1-4 ☐ 5-10 ☐ 11-15 ☐ 16-20 ☐ 20+

	Strongly Disagree	***Disagree***	***Agree***	***Strongly Agree***
4. I would recommend this course to other teachers.	☐	☐	☐	☐
5. The instructor(s) encouraged participation, questioning, discussion, and independent exploration.	☐	☐	☐	☐
6. This workshop enhanced my understanding and appreciation of mathematics or science.	☐	☐	☐	☐

7. Which textbook/series do you use?_____

8. The Center is interested in your thoughts on the content of the course, the instructor's ability to facilitate learning, and insights you have on your own learning.

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