TOP Star Workshop Evaluation

Targeting Obesity in Preschool/Child Care Settings

_____ Name of Workshop Presenter

_____/_____/_____ Month Day Year

_____ Workshop Name

1. The workshop learning objectives were clear to me.

○ strongly agree ○ agree ○ disagree ○ strongly disagree

2. The topic was important or relevant to implementing the TOP Star Program.

○ strongly agree ○ agree ○ disagree ○ strongly disagree

3. The workshop was organized.

○ strongly agree ○ agree ○ disagree ○ strongly disagree

4. The presenter effectively taught the workshop.

○ strongly agree ○ agree ○ disagree ○ strongly disagree

5. The training I received will be useful to me in implementing the TOP Star Program.

○ strongly agree ○ agree ○ disagree ○ strongly disagree

6. Do you feel you can ask the trainer for support in implementing TOP Star into your program?

○ Yes ○ No

7. Comments/Suggestions on improving this workshop:

Thank you for taking time to complete this evaluation.