

## Evaluation of Learning

Workshop Name: Maximizing Your Slow Cooker Date: \_\_\_\_\_

**Directions:** Please rate your learning in this session. Your honest responses are valued. Your responses will be used to assist the instructor to make improvements in the design of this course.

**Place an X in the box to indicate your response.**

	Nothing	←	Some	→	A lot
1. Overall, how much did you learn from this session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Please rate each of the following:</b>	Low	←	Moderate	→	High
2. My Knowledge of how to use my slow cooker safely.					
Before Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Now, After Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. My Ability to test that my slow cooker is heating the way it should.					
Before Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Now, After Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. My Confidence to use my slow cooker for meals.					
Before Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Now, After Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. List one action you intend to take as a result of this session:

6. The most important things I learned in this session were:

7. Please list the topics or issues you would like more information about.