



CSP REPORTING FORM / WORKSHOP & WEBINAR EVALUATION

Workshop/ Webinar Title/No.: _____

Your Name: _____

Instructor: _____ Your Signature: _____

Ministry/Company Name: _____ Date: _____

Your Phone: _____ Email: _____

Conference Location: _____ Enrolled in Certification? **YES / NO** Interested in Enrolling? **YES / NO**

To receive CSP credit, you must:

- 1. Be enrolled in the CSP certification program.**
- 2. Be present for at least 90% of the session time.**
- 3. Complete and return this form at the end of the session.**

All information regarding the student identity is confidential. Instructors receive evaluation information only.

Please evaluate the program by circling the number that most accurately reflects your agreement or disagreement with the statements below.

	Strongly agree			Strongly disagree	
1. The material in the course met or exceeded my expectations	5	4	3	2	1
2. Speaker was knowledgeable/well-versed on the subject.	5	4	3	2	1
3. Speaker was organized and clear.	5	4	3	2	1
4. I felt my time was well spent	5	4	3	2	1
5. The program content was	___	Just right	___	Too Advanced	___
6. What feedback do you have for the instructor?					
7. Were the program materials relevant and how did they contribute to your learning objectives?					
8. Did you receive helpful information with practical “take home” value? Please describe.					
9. What is the biggest problem you face day to day that prevents you/your staff from performing at your desired level? What kind of educational seminar could help you address that problem?					

Thank you for your evaluation. If you need more space feel free to use the back of this page.

**KEEP A COPY OF THIS FORM FOR YOUR RECORDS AS EVIDENCE THAT YOU
ATTENDED THE EVENT. RETURN ORIGINAL TO:**

Christian Leadership Alliance

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