



FAMILY SAVINGS ACCOUNT PROGRAM Workshop Evaluation

Title of Workshop: _____ Date: _____

Name of Speaker: _____

Content and Delivery

Topics	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
The session met my expectations.					
I would recommend this session to others.					
This session motivated me to pursue this topic further.					
This session built a basic understanding of the concepts.					
The speaker presented the materials in a workable fashion.					

Overall Presentation

	Excellent	Very Good	Good	Fair	Poor
Session content					
Presentation					
Materials					
Exchange or Discussion					
Instructor					
Overall Session					

Comments: _____

Name: _____ Date: _____

This form verifies that you have attended a required workshop for the FSA Program.