COMMUNITY ACCESS UNLIMITED
PERSONAL ASSISTANCE SERVICES PROGRAM

WORKSHOP EVALUATION FORM
E-mail completed form to TSmith@caunj.org

Date: _____

County: _____
Workshop: _____
Trainers: _____

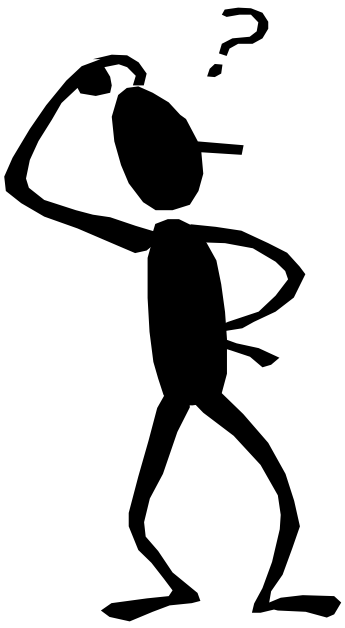
1. The information presented was:
__ Very informative __ Informative __ Not informative

2. The information presented will be:
__ Very useful __ Useful __ Not useful

3. The material was presented in a clear and professional manner:
__ Very clear __ Clear __ Not clear

4. The instructor was:
__ Very effective __ Effective __ Not effective

5. Accessibility of the facility was:
__ Very adequate __ Adequate __ Not adequate

Please use the bottom portion of the page to share your thoughts and comments about the PASP Training Workshop with us.

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