



Fluency Presentation Evaluation

Position (Check all that apply)

- Title 1 Teacher ELL/ESL Teacher Classroom Teacher Reading Recovery Teacher
 Spec. Ed Teacher Administrator Other _____

Students You Serve (Check all that apply)

- K-3 4-6 7-9 10-12 Adult

Reactions to the Fluency Presentation

1. How would you rate this presentation? (Poor) 1 2 3 4 5 (Excellent)

Comments _____

2. How much information did you gain that you can use in your work? (None) 1 2 3 4 5 (Excellent)

Comments _____

3. How can I improve this workshop? _____

Provide name and address if you are interested in follow-up information on Fluency:

Name _____

School Name _____

School Address _____

City _____ State _____ Zip _____

School Phone (_____) _____ Home Phone (_____) _____

Home Address _____

City _____ State _____ Zip _____

Email _____