###### **Long Island Regional Adult Education Network**

# ACCES/LI-RAEN

## EVALUATION 3

***To be filled out by Adult Education Program Administrator***

Workshop Title:

Presenter Name:

Dates:

Attendee’s Name:

Please take a few minutes to complete this evaluation. Your feedback is very important to the RAEN and NYSED!

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| Please complete the following; additional remarks are appreciated.1. Please describe your program’s level of support in terms of the new skills being brought to the classroom by the staff member listed above.

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