

Experiential Learning Workshop: Level I (Beginning Level Outline)
Understanding the Experiential Learning cycle

Post-Training Survey

1. I would rank my knowledge of experiential learning **prior** to this workshop as (please circle one):

Excellent Very Good Good Fair Poor

2. I would rank my knowledge of experiential learning **after** this workshop as (please circle one):

Excellent Very Good Good Fair Poor

3. I have had previous training that has covered the main concepts presented today. (Please circle.)

Yes No

If yes, please explain.

4. I learned useful information in today's workshop. (Please circle.)

Yes No

Please explain.

5. I would rank my knowledge of the learning cycle **prior** to this workshop as (please circle one):

Excellent Very Good Good Fair Poor

6. I would rank my knowledge of the learning cycle **after** this workshop as (please circle one):

Excellent Very Good Good Fair Poor

7. Based on what I learned today, I feel confident in applying the experiential learning model of instruction to activities in my Program? (Please circle.)

Yes No

Please explain.

8. I will apply what I learned in today's workshop in my Program in the following way(s):

9. The expectations I had of this workshop were met.

Yes No

Please explain.

10. I believe that additional training in experiential learning would enhance my abilities to apply this model of instruction to activities in my Program.

Yes No

Please explain.

(Note: If you are interested in additional training, please complete the attached "tear off" information sheet and return it to the workshop facilitator.)

“Yes, I’m interested in additional training on the Experiential Learning Model.”

Name:

Club:

Phone:

E-Mail:

Address: