

Leadership Workshops Participation Form

Name: _____ Date of Session: _____

Session Title: _____

What was the best part of this workshop?

What about this workshop could use improvement?

List 3 things you learned from this workshop?

How will you apply this information to your current (or future) leadership experiences?

Should this session be repeated (please circle)? Yes No

What other topics would you like to see included as leadership workshops?

Return this form within ten (10) days of Leadership Workshop to the WebsterLEADS office, 130 West Hall.