



DEPARTMENT OF LABOR AND EMPLOYMENT

DIVISION OF EMPLOYMENT & TRAINING

633 17th Street, Suite 1200
Denver, Colorado 80202-3660

LAYOFF TRANSITION WORKSHOP EVALUATION

COMPANY NAME: _____ **DATE:** ____ / ____ / ____

The information gathered below is used to help insure that the Workshop meets the needs of attendees as much as possible. It is especially useful if you make comments in the sections provided.

	Excellent	Good	Fair	Poor	NA
Presentation of Workshop: organized and informative with clear speaking voice	4	3	2	1	X
Topics: relevant and will be helpful with transition	4	3	2	1	X
Workshop Materials: user friendly, and organized in an easy to use format	4	3	2	1	X

What information was most valuable to you? _____

What specific suggestions do you have to help improve the workshop or the materials? _____

What services would be most beneficial to you?

- | | |
|--|---|
| <input type="checkbox"/> Job Referral | <input type="checkbox"/> Resume Assistance |
| <input type="checkbox"/> Basic Computer Skills Training | <input type="checkbox"/> Job Fairs |
| <input type="checkbox"/> Software Programs | <input type="checkbox"/> Interviewing |
| <input type="checkbox"/> Career Assessment and Testing | <input type="checkbox"/> On-the -Job Training |
| <input type="checkbox"/> One-on-One Career Counseling | <input type="checkbox"/> Skill Upgrade Training |
| <input type="checkbox"/> GED (General Education Diploma) | <input type="checkbox"/> Veteran's Assistance |
| <input type="checkbox"/> Networking | <input type="checkbox"/> Labor Market Information |
| <input type="checkbox"/> Basic English Skills Training | |

Rate Your Computer Skills (Check One)	Highly Skilled	Skilled	Somewhat Skilled	Not Skilled	Do Not Want Skills
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Do you have a computer at home? (Please Circle one) YES NO

If you would like to be contacted concerning the services, education, and training dollars available through the Workforce Center in your area, please provide the following information:

Name: _____ Phone: _____

County of Residence: _____