JOHN HICKENLOOPER
Governor

ELLEN GOLOMBEK
Executive Director

WILLIAM B. DOWLING
Director

DEPARTMENT OF LABOR AND EMPLOYMENT
EMPLOYMENT AND TRAINING
633 17th Street, Suite 700
Denver, Colorado 80202-3627

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?

- ____ Job Referral
- ____ Basic Computer Skills Training
- ____ Software Programs
- ____ Career Assessment and Testing
- ____ One-on-One Career Counseling
- ____ GED (General Education Diploma)
- ____ Networking
- ____ Basic English Skills Training
- ____ Resume Assistance
- ____ Job Fairs
- ____ Interviewing
- ____ On-the -Job Training
- ____ Skill Upgrade Training
- ____ Veteran's Assistance
- ____ Labor Market Information

Rate Your Computer Skills **(Check One)**	Highly Skilled	Skilled	Somewhat Skilled	Not Skilled	Do Not Want Skills

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:_____

ATTACHMENT #6