**Teen Science Café Evaluation**

Date of Café:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Speaker or Topic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. WORKSHOP DESIGN (Circle your response to each item.)
A rating of 1 is a strong NO and a rating of 5 is a strong YES.**

The workshop activities stimulated my learning. 1 2 3 4 5 N/A

The difficulty level of this workshop was appropriate. 1 2 3 4 5 N/A

The pace of this workshop was appropriate. 1 2 3 4 5 N/A

**2. WORKSHOP INSTRUCTOR (FACILITATOR) (Circle your response to each item.)**

The instructor was well prepared. 1 2 3 4 5 N/A

The instructor was helpful. 1 2 3 4 5 N/A

**3. How would you improve this workshop? (Check all that apply.)**

\_\_\_Provide better information before the workshop.

\_\_\_Reduce the content covered in the workshop.

\_\_\_Increase the content covered in the workshop.

\_\_\_Improve the instructional methods.

\_\_\_Make workshop activities more stimulating.

\_\_\_Make the workshop less difficult.

\_\_\_Make the workshop more difficult.

\_\_\_Slow down the pace of the workshop.

\_\_\_Speed up the pace of the workshop.

\_\_\_Allot more time for the workshop.

\_\_\_Shorten the time for the workshop.

4. How likely were you to consider a STEM career (a career in science, technology, engineering or math) BEFORE participating in this workshop?

Very likely Somewhat likely Neutral Somewhat unlikely Very unlikely

5. How likely are you to consider a STEM career (a career in science, technology, engineering or math) AFTER participating in this workshop?

Very likely Somewhat likely Neutral Somewhat unlikely Very unlikely

6. Will you consider participation in other STEM-related activities in the future?

Very likely Somewhat likely Neutral Somewhat unlikely Very unlikely

7. What did you find most useful /enjoy about this workshop?

8. What could be done to improve this workshop?

9. Is there a STEM-related topic that you would like to see at a future Cafe?