**APT workshop**

**Nyahururu Feb 23rd- March 6th 2015**

**Evaluation form**

**Please Circle - Male/Female State your Age --------------**

Please answer the following questions:

Why did you come to this course?

How did you hear about the course?

What is your role in providing services for disabled children?

What did you hope to learn from the course at the beginning?

Did the course meet your objectives/expectations?

Please explain

What did you like about the course?

What didn’t you like about the course?

Is there anything you would change about the course?

What will you do with your APT skills when you return to your home area?

Thank you for completing the evaluation form