



# Leadership Institute

*Embracing Change Cultivating Leaders*

## WebShop Evaluation

***NOTE: Please complete and return electronically – see directions below!***

**WebShop Title:** \_\_\_\_\_

**Presenter:** \_\_\_\_\_ **Date Viewed:** \_\_\_\_\_ mm/dd/yyyy

**Name:** \_\_\_\_\_ **RID/BEI Member #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**\*For Recorded WebShop participants only – state the time you finished viewing the recording:**

**Time:** \_\_\_\_\_ **AM** **PM (choose one)**

**Time zone:** **Hawaii** **Pacific** **MT** **CT** **ET (choose one)**

**\*This field specifying exact end time must be populated if you viewed a recorded version or CEUs cannot be submitted! By submitting an end time you are stating that you viewed the recording in its entirety.**

**I am:** Male \_\_\_\_\_  
Female \_\_\_\_\_

**I am:** Deaf \_\_\_\_\_ Hard of Hearing \_\_\_\_\_  
Hearing \_\_\_\_\_ Deaf/Blind \_\_\_\_\_

Interpreter \_\_\_\_\_ Student Interpreter \_\_\_\_\_

Educator of Deaf/Hard of Hearing \_\_\_\_\_

Other (please explain) \_\_\_\_\_

**If you are an interpreter, what is your primary work setting? (Select one)**

K-12 \_\_\_\_\_ Post-Secondary \_\_\_\_\_

Mental Health \_\_\_\_\_ Medical \_\_\_\_\_

Legal \_\_\_\_\_ Video relay \_\_\_\_\_

Corporate/Technical \_\_\_\_\_

Other (please specify) \_\_\_\_\_

