



**WILLIAM GLASSER**  
INTERNATIONAL

## Participation Evaluation Form for Certification Program

### Personal information

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Previous training (indicate dates of training and instructor/supervisor)

Basic training: \_\_\_\_\_ Instructor: \_\_\_\_\_

Basic practicum: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Advanced training: \_\_\_\_\_ Instructor: \_\_\_\_\_

Advanced practicum: \_\_\_\_\_ Supervisor: \_\_\_\_\_

### Certification Program information

Program Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

### Evaluation: Briefly evaluate the following aspects of the program

1. How well were the expectations and requirements of this phase communicated to you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. In what ways do you believe your experience in your advanced practicum prepared you for certification? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Overall, how did this program meet your expectations for a quality learning experience? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe the contribution that the participant presentations made to your learning process. \_\_\_\_\_

\_\_\_\_\_

- \_\_\_\_\_
5. Describe three new skills you learned during certification. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
6. What areas and skills do you want to improve? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
7. What plans do you have for continuing your learning process? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
8. What suggestions do you have for improvement of certification programs in the future? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
9. Are you interested in publishing an article regarding your presentation in the **International Journal** or in the international newsletter? Yes No Maybe  
 If yes or maybe, would you like assistance with this? Yes No Maybe
10. Are you interested in pursuing faculty programs? Yes No Maybe
11. Are you a member of your local affiliate and/or WGI? Yes No
12. Are you on your local affiliate and/or WGI email list? Yes No
13. How do you plan to stay connected with your local affiliate and WGI? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
14. What programs and resources would you like to see offered by your local affiliate and/or **WGI**? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
15. Other comments: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_