**Science Take-Out Workshop Presenter Survey**

**Name:**

**Email:**

**Phone:**

**Please provide information on your workshop**

Title(s) of Science Take-Out kit(s) used during your workshop:

Workshop date:

Workshop location:

Number of workshop participants:

How did it go? What would you change if you were presenting this workshop again?

**How could we improve the materials (PowerPoints, kits, printed materials, etc.) and support that we provide for Science Take-Out workshop presenters?** Please be specific. We value your feedback and will use it to improve the materials and support that we provide for other workshop presenters.

*Return completed survey to:*

Science Take-Out

P.O. 386

Honeoye Falls, NY 14472