

**Association for
Institutional Research**



TRAINER'S WORKSHOP REPORT

You must submit this form and the evaluations in order to receive reimbursement.

***Name of Affiliated Group/Organization:**

Module(s) taught:

Local contact person and phone number:

***Date of the workshop:**

***Location of workshop:**

***Length of workshop: (ex. 8:30 am – Noon)**

Name and affiliation of the trainer(s):

***Number of participants in the workshop:**

If you produced any handouts for this workshop, please send copies to the AIR office.

Any problems encountered, safeguards needed to avoid similar problems in future workshops, and other comments as appropriate:

(Was there trouble with accessing any Web sites? Were training materials clear and easy to understand?)

Thank you and remember the evaluations!

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