



Workshop Number _____

Need a Workshop Number? Go to our website www.comp.org and sign in by selecting COMP ONLINE. Look under Workshop Paperwork PDF's for instructions.

INITIAL SUMMARY PAGE

Please send this completed summary page after the first days of your workshop with _____ (#) Consumer Satisfaction Forms

PART I: GENERAL INFORMATION

Certified Workshop Leader(s): _____

E-mail address(es): _____

Dates: _____ through _____ Location: _____
Day One Follow-Up City State

Key Contact Person: _____ Phone: (____) _____

Address: _____
Street City State Zip

PART II: TOTAL NUMBERS

of schools represented _____ # of students impacted _____

of administrators attending _____ Grades included (K-12) _____

of teachers attending _____

PART III: WSL COMMENTS / WORKSHOP ASSESSMENT (continue on back as desired)