

PROFESSIONAL DEVELOPMENT EVALUATION FORM

Professional Development Activity Title: _____ Date: _____

Presenter/Provider: _____ Length of Session: _____ Hours / Days

Name of Institution: _____ Date: _____

Years in Education: _____ Grade Level _____

Stage of Professional Development:

_____ Orientation/Awareness

_____ Preparation/Application

_____ Implementation/Management

_____ Refinement/Impact

Circle only one number for each item. If you feel statement is not applicable, leave it blank. Answer carefully & thoughtfully.

	<u>Strongly Disagree</u>			<u>Strongly Agree</u>	
1. The event/activity was carefully planned and presenter well prepared:	1	2	3	4	5
2. The content was accurately and adequately delivered:	1	2	3	4	5
3. The time was used effectively:	1	2	3	4	5
4. This program is supported in my school system:	1	2	3	4	5
5. Participants were active learners:	1	2	3	4	5
6. The material is immediately useful:	1	2	3	4	5
7. This program fits my understanding of our professional development plan:	1	2	3	4	5

Comments (Please write a brief comment for each of the questions) :

1. How did this further your professional goals?

2. What changes or improvements would you suggest to the organizer/presenter?

3. How will you use this to affect improved student results/outcomes?

4. Follow-up training in this area needs to include: