

# Professional Development Feedback

Professional Development Title: \_\_\_\_\_

Organization/Provider of Professional Development: \_\_\_\_\_

Date Attended: \_\_\_\_\_

This questionnaire will provide important feedback that will assist in the planning of future PD.

1. What went well in the PD?
2. What did not go well in the PD?
3. What could have changed to meet the PD's objectives better?
4. Do you believe this PD will improve learning in our school district? How?
5. Did you feel involved in the PD?
6. Suggestions for improvement/ Be specific.
7. What will you take back and/or share?

Comments: