

# Evaluation Form

## East Jasper School District Professional Development Training Evaluation

Title of Training Session \_\_\_\_\_  
Trainer(s) \_\_\_\_\_

Date \_\_\_\_\_  
Location \_\_\_\_\_

Goals Addressed:

\_\_\_\_\_

Objectives Addressed:

\_\_\_\_\_

Please place a check mark in the column below that reflects your opinion of the training.

	Excellent	Very Good	Good	Fair	Poor
1. Overall professional development rating					
Ultimate value of information					
Organization and flow of material					
Value of exercise and/or participation					
2. Overall trainer rating					
Answered questions appropriately					
Demonstrated mastery of subject					
Projected a positive image					

3. What specific information was of greatest value to you?

\_\_\_\_\_

4. What specific recommendations do you make for improvement?

\_\_\_\_\_

5. How will this training benefit you when you return to the classroom or school?

\_\_\_\_\_

6. What future training or follow-up activities do you need to support the concepts you learned in this session?

\_\_\_\_\_

7. Please share any other comments or reactions about the training.

\_\_\_\_\_

This form must be submitted after an employee attends any form of professional development.  
Please include it with your travel reimbursement form for out of district travel.