***Professional Learning Evaluation*****

Name of Training:

Date: Location:

1. **List two (2) things that you learned from this training:**
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* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **How would you rate the overall session?**

Outstanding Good Average Poor

1. **How likely are you to be able to apply what you have learned from today’s session into your classroom/job?**

Highly Likely Somewhat Likely Somewhat Unlikely Unlikely

1. **How would rate the instructor?**

Outstanding Good Average Poor

1. **What did you find most beneficial about the session today?**
2. **What could be changed/added to today’s session to better meet your instructional needs?**