

OURSC EVALUATION FORM

Workshop ID Number: _____

QR Code for OURSC Evaluation Survey

Workshop Title: _____

Please scan to take survey or go to:

<http://tinyurl.com/oursceval>

Presenter: _____

Position: Check the one that best describes your occupation.

- | | |
|------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Special Ed. Teacher |
| <input type="checkbox"/> Special Ed. Administrator | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> Early Childhood Coordinator | <input type="checkbox"/> SLP |
| <input type="checkbox"/> PK Teacher | <input type="checkbox"/> Paraprofessional |
| <input type="checkbox"/> PK Special Ed. Teacher | <input type="checkbox"/> Classified |
| <input type="checkbox"/> Elementary Teacher | <input type="checkbox"/> Library Media Specialist |
| <input type="checkbox"/> Middle School Teacher | <input type="checkbox"/> Gifted Ed. Teacher |
| <input type="checkbox"/> High School Teacher | <input type="checkbox"/> Other |



Please take a moment to reflect upon this training session. Check one rating for each question.

	Advanced (4)	Proficient (3)	Basic (2)	Below Basic (1)	Not Applicable
Quality of Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation of Presenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness of Information & Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall rating of workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likelihood of Attending Another Workshop by this presenter	Very Likely <input type="checkbox"/>	Likely <input type="checkbox"/>	Neutral <input type="checkbox"/>	Unlikely <input type="checkbox"/>	Very Unlikely <input type="checkbox"/>

Why or why not? _____

As a result of this workshop: (choose one)

- I gained the knowledge needed to implement.
- I wish to implement, but need additional training.
- I found it an interesting topic; but not relevant to my current needs.
- I found this to be too much information for the time allotted.

Additional Comments and Suggestions: _____

How is this professional development aligned to your professional growth plan or ACSIP? _____

Thank you for your feedback. This will greatly help us ensure that you continuously receive high quality professional development opportunities.