

## Evaluation Form

Indicate Participant Category	<input type="radio"/> Teacher: <span style="margin-left: 100px;"><input type="radio"/> ABE</span> <span style="margin-left: 40px;"><input type="radio"/> GED</span> <span style="margin-left: 40px;"><input type="radio"/> ESL</span> <span style="margin-left: 40px;"><input type="radio"/> HSC</span> <input type="radio"/> Other (specify) _____  <input type="radio"/> Counselor <input type="radio"/> Administrator <input type="radio"/> Support Staff <input type="radio"/> Student <input type="radio"/> Tutor/Volunteer <input type="radio"/> Other (specify) _____
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Title of Workshop	Instructor:	Date:
	Co-Instructor:	

<u>Rate all that apply</u>					
<b>SCORECARD</b>		<b>WORKSHOP/TRAINING</b>			
Subject	Outstanding	Good	Fair	Needs Improvement	Unacceptable
Content of program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall objectives met	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skill/knowledge/competency improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of media (video/overhead/PowerPoint, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Applicable to my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Class materials (handouts, workbook)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall rating for the training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of registration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Instructor</b>					
Presentation skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Content knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Co-Instructor (if applicable)</b>					
Presentation skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Content knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you rated any item unacceptable, please explain in the comment area on the reverse side of this form.					

**Mark all that apply:**

Why did you take this workshop/training?	How did you find out about the class?	What will you do to apply what you have learned to your job ?
<input type="radio"/> Interest in topic/content <input type="radio"/> To develop competencies <input type="radio"/> Sent by manager/principal <input type="radio"/> Part of a career development plan <input type="radio"/> Presenter's reputation <input type="radio"/> Other	<input type="radio"/> Manager/principal <input type="radio"/> Co-worker <input type="radio"/> Other	<input type="radio"/> Meet w/manager <input type="radio"/> Set performance goals <input type="radio"/> Share information with others <input type="radio"/> Review the concepts <input type="radio"/> Apply it with my students <input type="radio"/> Not able to apply to my job <input type="radio"/> Nothing <input type="radio"/> Other

Comments:

If an item is rated unacceptable, please explain:

What was the most valuable part of the professional development to you? Why?

Do you have any other comments about this event or the presenter?

Do you have any suggestions for new professional development activities?