

WAYNE COUNTY EVALUATION FORM

We greatly appreciate you taking a few minutes to complete this evaluation form. Your answers and opinions will assist us in making important decisions while planning for professional development throughout the school year. After completing this evaluation, please return it to the facilitator. Thank you.

| | | | | |
|---|---------------------|------|------|------|
| Name of Session: | Presenter: | | | |
| Date: | | | | |
| | SATISFACTION | | | |
| Please rate your satisfaction with | Excellent | Good | Fair | Poor |
| | | | | |
| 1. What is your overall evaluation of this professional development opportunity? | | | | |
| 2. How satisfied were you with the speakers/presenters? | | | | |
| 3. How satisfied were you with the materials provided for your use? | | | | |
| 4. How would you rate the session topics? | | | | |
| 5. The sessions gave me ideas on ways to do my job better and more efficiently. | | | | |
| 6. The sessions showcased the effective use of technology. | | | | |
| 7. The sessions gave me ideas that I can share with my colleagues. | | | | |
| 8. How would you rate the overall organization of the professional development? | | | | |

9. What did you like most about the professional development?

10. What did you like least about the professional development?

11. What TOPICS did you NOT get to attend that you would like to see offered at another time?

12. What TOPICS not covered would you like to see offered at another time?