

Everett Public Schools

Staff Development Evaluation Form

Mark the number which best indicates how you would rate this session

Session Title: _____

Presenter(s): _____

Date(s): _____

Low	High
-----	------

1. The course content was consistent with stated course objectives.

1	2	3	4	5
---	---	---	---	---

2. Materials were clear, organized, and easy to interpret.

1	2	3	4	5
---	---	---	---	---

3. Information was relevant and applicable to work.

1	2	3	4	5
---	---	---	---	---

4. Presentation was clear, well organized, and delivered in a meaningful way.

1	2	3	4	5
---	---	---	---	---

5. Location of workshop was an appropriate facility.

1	2	3	4	5
---	---	---	---	---

6. Content and delivery included skills for meeting needs of diverse learners.

1	2	3	4	5
---	---	---	---	---

7. Class format included process time for discussion, reflection, and application of skills/strategies being taught.

1	2	3	4	5
---	---	---	---	---

8. How could this session have been more effective for you? _____

9. What did you learn today that you can use? _____

10. Other comments: _____