

# SCHOOL BOARD OF BRADFORD COUNTY, FL PROFESSIONAL DEVELOPMENT Workshop Evaluation

Rate the following statements by checking **AGREE** or **DISAGREE**. \_\_\_\_\_ DATE

\_\_\_\_\_  
WORKSHOP TITLE PRESENTER(S)

| <b>PLANNING</b>                                                                                                                                                                                          | <b>AGREE</b> | <b>DISAGREE</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------|
| <b>Individual Needs Assessment</b><br>Attendance at this session meets my professional growth interests or my individual needs for professional development.                                             |              |                 |
| <b>Content (1)</b><br>This session focused primarily on the Sunshine State Standards, subject content, teaching methods, technology, assessment & data analysis, classroom management, or school safety. |              |                 |
| <b>Content (2)</b><br>Content and concepts were thought provoking and relevant to my needs.                                                                                                              |              |                 |
| <b>DELIVERY</b>                                                                                                                                                                                          |              |                 |
| <b>Learning Strategies</b><br>The training used learning strategies that applied knowledge of human development and learning.                                                                            |              |                 |
| <b>Relevance of Professional Development</b><br>The training objectives reflect my professional growth objectives.                                                                                       |              |                 |
| <b>FOLLOW-UP</b>                                                                                                                                                                                         |              |                 |
| <b>Transfer to Students</b><br>I will be able to use the knowledge and/or skills learned in the training to instruct my students.                                                                        |              |                 |
| <b>Support Activities</b><br>I plan to participate in follow-up activities thru the district.                                                                                                            |              |                 |
| <b>EVALUATION</b>                                                                                                                                                                                        |              |                 |
| <b>Implementation (1)</b><br>I plan to apply newly learned knowledge and/or skills in the classroom.                                                                                                     |              |                 |
| <b>Implementation (2)</b><br>I would be interested in incorporating the knowledge/skills gained in this session into an action research project at my school.                                            |              |                 |

**Please complete the following sentence: I WILL USE THE INFORMATION OR TRAINING THAT I RECEIVED TO . . .** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
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