



## LOWNDES COUNTY PUBLIC SCHOOLS

### Evaluation Form

LOCATION \_\_\_\_\_ PRESENTER (s) \_\_\_\_\_

WORKSHOP TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

Place a check in the appropriate box indicating your position with the Lowndes County Public School System.

- ☐ Teacher (Circle One) Elementary Middle High Principal/Assistant Principal
- ☐ Counselor Supervisor/Education Specialist
- ☐ Librarian District Administrator
- ☐ Instructional Aide Other \_\_\_\_\_

Using the following scale, indicate your level of agreement with the following statements: 1= Strongly Disagree 2= Disagree 3= Neither Agree nor Disagree 4= Agree 5= Strongly Agree	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. The content of this workshop/program met my expectations.	1	2	3	4	5
2. The workshop/program objectives were met.	1	2	3	4	5
3. The method of instruction was appropriate for the objectives of the workshop/program.	1	2	3	4	5
4. The presentation was clear, understandable, and well-organized.	1	2	3	4	5
5. The length of time for this workshop/program was appropriate.	1	2	3	4	5
6. I will use/apply the information from this workshop/program.	1	2	3	4	5
7. This workshop/program will help me to be more effective.	1	2	3	4	5
8. The size of the group(s) provided adequate experience for participants.	1	2	3	4	5
9. I am prepared to apply what I learned in this workshop.	1	2	3	4	5

1. How will you use what you learned during this professional development activity?  
\_\_\_\_ I will share the information with one or more groups from the school community (e.g. students, parents, teachers, administrators).  
\_\_\_\_ I will implement the information in the classroom (e.g. lesson planning, teaching delivery, student learning).  
\_\_\_\_ I will use the information to improve my professional performance.  
\_\_\_\_ I will not use the information.  
\_\_\_\_ Other \_\_\_\_\_
2. Most valuable to me was:  
\_\_\_\_ The strategies presented  
\_\_\_\_ Gaining a better understanding of the topic  
\_\_\_\_ Presenter/Presentation  
\_\_\_\_ All of the information  
\_\_\_\_ Other \_\_\_\_\_
3. Least valuable to me was:  
\_\_\_\_ All of the information was valuable  
\_\_\_\_ Other \_\_\_\_\_
4. One thing that might have made the professional development activity better  
\_\_\_\_ More hands-on activities  
\_\_\_\_ More time/Less time (Circle One)  
\_\_\_\_ Workshop made available on different day or time  
\_\_\_\_ I was satisfied with the professional development activity.  
\_\_\_\_ Other \_\_\_\_\_

On a scale of 1-10 (with 10 being the highest) please rate the workshop