

# Waterville Central School District

## SUPERINTENDENT'S REGULATION

PERSONNEL

6104.2

### IN-SERVICE EVALUATION REACTION FORM

Program Title: \_\_\_\_\_

Date(s) of Program: \_\_\_\_\_

1. Please rate the following:

	Poor				Excellent	
Program objectives were met	1	2	3	4	5	
Usefulness of program	1	2	3	4	5	
Relevance of information	1	2	3	4	5	
Overall effectiveness	1	2	3	4	5	

2. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Do you feel a need for additional in-service education in this program area: Yes \_\_\_ No \_\_\_.

If yes, please elaborate: \_\_\_\_\_

\_\_\_\_\_

4. I'd like to see in-service programs offered in the following areas: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Adopted: 02/10/88

Readopted: 08/26/97

Approved by the Superintendent: 01/26/16