

Employee/Teacher Name

School/Office

Select a School/Office

Name of Workshop

Date of Workshop

Total Workshop Hours

Funds Used

Session Title

Presenter

SESSION RATING

Select one response for each statement

	N/A	Poor	Fair	Good	Excellent
1. The session was well organized.	☐	☐	☐	☐	☐
2. The presenter was well prepared.	☐	☐	☐	☐	☐
3. The topic was well presented.	☐	☐	☐	☐	☐
4. Activities and materials were useful and appropriate.	☐	☐	☐	☐	☐
5. The session was informative.	☐	☐	☐	☐	☐
6. The handouts were beneficial.	☐	☐	☐	☐	☐
7. Enough time was allotted for discussion and questions.	☐	☐	☐	☐	☐
8. The presenter was knowledgeable and well informed.	☐	☐	☐	☐	☐
9. I would recommend this session.	☐	☐	☐	☐	☐
10. This session contributed to my professional growth.	☐	☐	☐	☐	☐

Most valuable part of the professional development (please explain)

Least valuable part of the professional development (please explain)

Additional comments