

**EASTERN SUFFOLK BOCES
IN-DISTRICT PROFESSIONAL DEVELOPMENT
EVALUATION FORM**

Please help us in our efforts to continually improve the quality of our staff development activities by completing this form. For each question, circle the number which reflects your response.

Company and/or Consultant Name: _____

Focus/Topic of PD: _____ **Date(s) of PD:** _____

Audience: _____

A.	Excellent	Good	Fair	Poor	Not Applicable
1) Did the presenter meet the agreed-upon goals for the PD?	☐	☐	☐	☐	☐
2) Presenter's knowledge of subject	☐	☐	☐	☐	☐
3) Was the presenter responsive in meeting participants' needs	☐	☐	☐	☐	☐
4) Overall rating	☐	☐	☐	☐	☐

B. What, if any, professional development follow up is needed?

C. Comments or suggestions:

NAME: _____
(Optional)

DISTRICT: _____

** Email completed form to:
Dr. Ayesha McArthur, Program Administrator at aymcarth@esboces.org **