

Grand Island Central School District Professional Development Evaluation Form



Name (optional): _____

I am a(n): Administrator Teacher/Teaching Assistant SRP Other

I am affiliated with: Elementary MS HS District Other

Workshop Title: _____

Facilitator(s)/Trainer(s): _____

Date of workshop: _____

Please rate the workshop on the following criteria:

The information presented was highly meaningful to me:

Strongly Agree Agree Neutral Disagree Strongly Disagree

The workshop was delivered using a variety of instructional strategies:

Strongly Agree Agree Neutral Disagree Strongly Disagree

The information gained from the workshop will influence my teaching/work:

Strongly Agree Agree Neutral Disagree Strongly Disagree

The presenter(s) were sensitive to the needs of the participants:

Strongly Agree Agree Neutral Disagree Strongly Disagree

What was the most important or useful thing you learned from the workshop?

I would change or eliminate: _____

Is there anything you would like us to follow-up on or topics you would like explored further in regards to this workshop?

Additional Comments: _____