



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