PUTNAM COUNTY SCHOOLS

Workshop Evaluation

Please be frank and candid. Your response will help us make program improvements. Rate the following statements by circling the appropriate response. You may use the back of this form if you wish to make additional comments.

Presenter	Workshop Title	Date

1. *Workshop **objectives** were clearly communicated.*

1	2	3	4	5
Strongly Disagree		Neutral		Strongly Agree

2. *Workshop was **relevant** to my Individual Professional Development Plan.*

1	2	3	4	5
Strongly Disagree		Neutral		Strongly Agree

3. *Workshop was well organized and used **appropriate** technology.*

1	2	3	4	5
Strongly Disagree		Neutral		Strongly Agree

4. *The presenter's program and discussion made this workshop……..*

1	2	3	4	5
Uninteresting		Interesting		Very Interesting

5. *The presenter's ability to clearly answer questions was……..*

1	2	3	4	5
Poor		Average		Excellent

6. *In terms of improved student academic achievement, how practical was this workshop?*

1	2	3	4	5
Not Practical		Somewhat Practical		Very Practical

7. *I feel prepared to apply what I learned in this workshop to my classroom.*

1	2	3	4	5
Not At All		Somewhat		Very Much So

8. *What were the strong features of this workshop?*_____

_____

9. *What would make this workshop or follow-up activity more effective?*_____

_____

10. *How would you rate this workshop overall?*_____

1	2	3	4	5
Poor		Average		Excellent