

**Lake Shore Central School District**  
**Professional Development Evaluation Form**

Title of Course/Workshop: \_\_\_\_\_

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Date: \_\_\_\_\_ Presenter(s): \_\_\_\_\_

1. To what extent do you feel the goals/objectives for this course/workshop were accomplished?

NOT AT ALL                      1                      3                      5                      COMPLETELY

2. How would you rate the overall effectiveness of the instructor(s) – preparation, style, methods, rapport – for this course/workshop?

INEFFECTIVE                      1                      3                      5                      VERY EFFECTIVE

3. To what extent did this course/workshop provide you with useful ideas/strategies which you would expect to apply to your own situation?

NOT AT ALL                      1                      3                      5                      MANY IDEAS

4. What suggestions do you have for improving this course/workshop?

5. What suggestions do you have for additional courses/workshops which might be organized in the future?