

Lake Shore Central School District
Professional Development Evaluation Form

Title of Course/Workshop: _____

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?