



Ashland Professional Development Evaluation Form

Course Title:
Facilitator(s)/Instructor(s):

Date:
Course Number:

We would appreciate knowing how you rate this professional development. For each item below, please provide feedback by placing an X indicating the appropriate rating after each statement.

Overall Program

- 1. The total program was of high quality. -----1.
- 2. Class content was relevant/applicable to my professional goals. -----2.
- 3. Objectives were clearly stated and accomplished. -----3.

Impact

- 4. I can use knowledge and skills gained during this professional development workshop to impact student learning. -----4.
- 5. I would like additional opportunities to expand my new knowledge and skills. ----5.

Professional Development Practices

- 6. Instructional time was engaging. -----6.
- 7. Opportunities to seek meaning and construct new knowledge was provided. -----7.
- 8. Opportunities to network and learn from colleagues were provided. -----8.
- 9. An appropriate balance between presentation and interaction was achieved. -----9.
- 10. Participants had ample time to ask questions and provide input. -----10.
- 11. Outside class assignments strengthened the content presented. -----11.

Presenters

- 12. The presenter(s) overall effectiveness was high. -----12.
- 13. The presenter(s) used appropriate instructional techniques. -----13.
- 14. The presenter(s) used appropriate materials. -----14.

Housekeeping Items

- 15. Class promotional information was accurate. -----15.
- 16. Class began and ended on time. -----16.

Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable

Open Ended Feedback

How did you find out about this offering?

Any additional feedback or thoughts:

THANK YOU!

We appreciate your feedback and will use it to plan sessions and support in the future.