

Continuing Professional Education Learning Experience Evaluation

Printed Employee Name _____ Assigned School _____

Title of Activity _____

Date of Activity _____ Instructor(s) _____

Please respond to each item by circling the number which best describes your opinion.
(5=Excellent through 1=Poor)

<u>Course/Activity Content</u>	Excellent					Poor				
Course/activity objectives were clear & concise	5	4	3	2	1	5	4	3	2	1
Activities & assignments were relevant to objectives	5	4	3	2	1	5	4	3	2	1

<u>Course/Activity Instruction</u>					
The manner of presentation of the material was clear	5	4	3	2	1
The instructor was objective and equitably interacted with the class	5	4	3	2	1

Questions

What were the strengths of this course/activity?

What additional information/activities would you like to see in this training? Or may benefit in planning of future Professional Development?

How will this activity enable you as a professional to increase student achievement?