

# BAKER COLLEGE

## Professional Development Evaluation

**Title of Event:** \_\_\_\_\_ **Presenter:** \_\_\_\_\_  
**Location of Event:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_

Please indicate your position: Faculty \_\_\_\_\_ Administrator \_\_\_\_\_ Staff \_\_\_\_\_

Please indicate your category: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Campus: \_\_\_\_\_ Department: \_\_\_\_\_

*Using the scale provided, please rate the presentation on each item listed below.*

**1. Organization of the presentation**

1	2	3	4	5
Poor	Fair	Satisfactory	Good	Excellent

**2. Clarity and effectiveness of the presenter**

1	2	3	4	5
Poor	Fair	Satisfactory	Good	Excellent

**3. Presenter's knowledge of the subject**

1	2	3	4	5
Poor	Fair	Satisfactory	Good	Excellent

**4. Relevance to your job**

1	2	3	4	5
Poor	Fair	Satisfactory	Good	Excellent

**5. Usefulness of materials and visual aids**

1	2	3	4	5
Poor	Fair	Satisfactory	Good	Excellent

**6. Variety of instructional methods**

1	2	3	4	5
Poor	Fair	Satisfactory	Good	Excellent

**7. Topic was able to hold my interest**

1	2	3	4	5
Poor	Fair	Satisfactory	Good	Excellent

**8. Time allowed for the session**

1	2	3	4	5
Poor	Fair	Satisfactory	Good	Excellent

**9. Overall quality of the session**

1	2	3	4	5
Poor	Fair	Satisfactory	Good	Excellent

*Continued on back*

The pace was      **Too Slow** \_\_\_\_\_      **Satisfactory** \_\_\_\_\_      **Too Fast** \_\_\_\_\_

Comments on the answer above.

Would you recommend this session to others from your campus?      **Yes** \_\_\_\_\_      **No** \_\_\_\_\_

### **Additional Comments**

Which part(s) of the session were **most useful** to you?

Which part(s) of the session were **least useful** to you?

How could the session be improved for the future?

What other professional development classes or activities would you like to see Baker College offer?

**Thank you for taking the time to complete this evaluation.**

