Illinois State Board of Education

Certificate Renewal 100 North First Street Springfield, IL 62777-0001

EVALUATION AND EVIDENCE OF COMPLETION FOR WORKSHOP, CONFERENCE, SEMINAR, ETC.

EVALUATION

DIRECTIONS : Please complete and return this form to the presenters of the professional development activity.					
TITLE OF PROFESSIONAL DEVELOPMENT ACTIVITY: Internet Training Module Teaching for Success: Differentiating Instruction for ALL Learners					
LOCATION: Internet Training	POSITION:	ION: (Teacher, Administrator, etc.)			
NAME OF PROVIDER: Internet Training Module presented by Project CHOICES					
SESSION TITLE: Chapter 1 – What is Differentiated Instruction?					
Please answer the following questions by marking the scale according to your perceptions of this professional development activity.					
	Strongly Agree	Somewhat Agree	No Opinion	Somewhat Disagree	Strongly Disagree
 This activity increased my knowledge and skills in my areas of certification, endorsement or teaching assignment. 					
The relevance of this activity to ISBE teaching standard was clear.	s				
3. It was clear that the activity was presented by persons with education and experience in the subject matter.					
 The material was presented in an organized, easily understood manner. 					
This activity included discussion, critique, or application what was presented, observed, learned or demonstrate	of d.				
This collaborative effort between my school district and Project CHOICES met my expectations.					
The best features of this activity were:					
Suggestions for improvement include:					
Please list additional information or trainings you might want to increase your skills in meeting the needs of diverse learners:					
Please share your idea(s) for a next step:					
Other comments and reactions I wish to offer:					

