

PARTICIPANT EVALUATION OF STAFF DEVELOPMENT ACTIVITY

Title of Activity	Dates of Activity
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Each participant in this staff development activity should evaluate the Quality of the activity by checking whether he/she strongly agrees, agrees, is undecided, disagrees or strongly disagrees with each of the statements below. Either the instructor or coordinator of the activity should summarize for the group and record the results in section "F" of the Summary Evaluation Report, De Form 233.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	
					1. The activity objectives were related to my education concerns.
					2. The activity objectives were related to practical educational application in my specific job setting.
					3. The activity had some outstanding components which were unique or innovative.
					4. Presentations were well organized.
					5. The program schedule was well adapted to my educational needs.
					6. Meeting facilities were suitable.
					7. The strategies utilized, including instructional resources, were appropriate for meeting the stated objectives.
					8. Overall, personnel conducting the activity exhibited the qualities essential to the success of the workshop. (Consider creativity, specialized knowledge, communication skills and the like.)
					9. Overall, the activity was a successful training experience for me.
					10. Adequate provisions were made for me to provide feedback to the personnel conducting the workshop.
					11. Adequate provisions were made for me to identify needs which were not previously identified.
					12. As a result of this staff development activity, I will alter my educational behavior in a more positive direction in my specific job setting.

PARTICIPANT: <div style="display: flex; justify-content: space-around;"> () Beginning Teacher () Experienced Teacher () Administrator () Service Personnel </div>		
TIME OF ACTIVITY: <div style="display: flex; justify-content: space-around;"> () After School/Saturday () Released Time () Combination </div>		

Comments: _____
