

TULSA PUBLIC SCHOOLS - PROFESSIONAL DEVELOPMENT EVALUATION FORM

Activity Title: _____ **Date(s):** _____

Presenter(s): _____

Professional Position: Support Teacher Administration
Level: Elementary Middle High

Years in Education: 0-3 4-9 10-15 16-21 22-29 30-up

Program Delivery/ Design-

Effectiveness/ Impact of Session: (low) (high)
(Check Appropriate Number) 1 2 3 4

What changes or improvements would you suggest to the presenter(s)?

Program Content, Format, and Organization-

What knowledge and skills did you acquire due to your participation in today's workshop?

Organization Support/ Change-

How does this workshop enhance your support of the District Goal(s) and Performance Excellence Core Values? Please check the goal(s) and explain.

- | | |
|---------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Goal I - Student Achievement | <input type="checkbox"/> Goal II - Teacher and Leader Effectiveness |
| <input type="checkbox"/> Goal III - Performance-Based Culture | <input type="checkbox"/> Goal IV - Financial Sustainability |
| <input type="checkbox"/> Goal V - Safe and Secure Schools | |

Implementation of New Knowledge/ Skills-

How much of this workshop will you apply to your teaching?

What else would you need to make implementation more effective?

Student Learning Outcomes-

How will this workshop impact student performance and achievement in your classroom?

How will student learning be demonstrated or measured?