

# Marine Corps League Professional Development Program Evaluation

Division: \_\_\_\_\_ Department: \_\_\_\_\_

Detachment: \_\_\_\_\_ Submitted by: \_\_\_\_\_  
*Name & Office*

Training used at:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Staff Meeting | <input type="checkbox"/> General Meeting | <input type="checkbox"/> Conference             |
| <input type="checkbox"/> Convention    | <input type="checkbox"/> Individual      | <input type="checkbox"/> Other: (explain) _____ |

Length of training class: \_\_\_\_\_ hours \_\_\_\_\_ minutes

Modules used Lesson Plan	Used		Modified	
	Entire	Partial	No	Yes
#1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If lesson plan modified please explain (how & why):

	Extremely Difficult 1	Difficult 2	Moderate 3	Easy 4	Extremely Easy 5
Lesson Plan Ease of Use:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation Terminology:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesson Plan Flow:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesson Plan Material:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Rating:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What did you like the most about the Professional Development Program?**

**What would you like to see added to the Professional Development Program?**

**What would you like to see changed about the Professional Development Program?**

**Please complete this form after each training session and forward to the Professional Development Program Coordinator.**

**To email evaluation please click on the submit button**

**or**

**Print and mail to:**

**Leanna L. Dietrich, Coordinator  
MCL Professional Development Program  
17 E. Cooke Avenue  
Glenolden, PA 19036-1401**