

Program Evaluation Form Summary

Title of In-service: Lisa Carter-Total Instructional Alignment **Date(s):** March 27, 2013
Location: Administration Building Boardroom

Type of In-service: Building-Determined 21 Hours Optional Day
 LID Waiver Day
 Other _____

Your Position: Central Administrator Building Administrator
 Teacher (check one): Elementary Middle School High School
 Support Staff Specialist
 Other _____

Number of Responses: _____

Indicate your agreement with each of the following statements by circling the appropriate number.

	Strongly Agree	Somewhat Agree	Undecided	Somewhat Disagree	Strongly Disagree	Not Applicable
1. The course met the stated objectives.	3	0				
2. The activities related to and supported the stated objectives.	3	0				
3. The instructor(s) skillfully presented the material and was responsive to the audience.	3	0				
4. The instructor(s) was well prepared.	3	0				
5. The instructor(s) was well qualified and knowledgeable.	3	0				
6. The materials provided were useful for improving instruction.	3	0				
7. The written materials were relevant and of high quality.	3	0				
8. The information was applicable and relevant to improving student learning.	3	0				
9. The information presented is easily applied to the classroom	2	1				
10. The presentation included strategies that met the needs of diverse learners.	2	1				
11. The overall program was excellent.	3	0				

What specific information was of greatest value to you?

Explaining how to read and understand the CCSS for ELA and Math.

Please provide any necessary feedback that would improve this in-service offering *if repeated*

Improve Facilities Modify activities for greater interaction Enhance presentation skills

Increase pacing Provide greater time for Questioning/Applicable practice Information needs greater depth of knowledge

Align better with District or Building strategic plan Other _ Please provide comments below that would improve in-service offerings in the future.

Thank you for your feedback!