

Special Education Workshop Evaluation Form

Participant Name (optional): _____

Assignment: Administrator CLS EC Paraprofessional
 Resource SIP Strategies Other _____

Grade Level: EC Elementary Middle High PK- 12

School: _____

Activity/Training Title: _____ Activity/Training Date: _____

Facilitator/Presenter: _____ Location: _____

Please rate the following characteristics of the activity.

	Not at all		To some extent		To a great extent	Don't know	N/A
1. The activity matched my needs.	1	2	3	4	5	6	7
2. The activity provided opportunities for interactions.	1	2	3	4	5	6	7
3. The presenter/facilitator's experience and expertise enhanced the quality of the activity.	1	2	3	4	5	6	7
4. The presenter/facilitator efficiently managed time and pacing of activities.	1	2	3	4	5	6	7
5. The presenter/facilitator modeled effective teaching Strategies.	1	2	3	4	5	6	7
6. This activity added to my knowledge of standards and/or subject matter content.	1	2	3	4	5	6	7
7. The activity will improve my teaching skills.	1	2	3	4	5	6	7
8. I will use the knowledge and skills from this activity in my classroom or professional duties.	1	2	3	4	5	6	7
9. This activity will help me meet the needs of the Special Education student populations.	1	2	3	4	5	6	7

Comments (please use the back for any additional comment): _____
