WARREN COUNTY SCHOOLS Staff Development Workshop Evaluation Form

Thank you for participating in this staff development workshop. Please complete this form, as your input will be helpful in our planning for future professional development activities.

Rating Scale:	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Session Title:					
Lead Present	er:				
1. Relevance o	f Topic			_	
2 . Organizatio	n, knowl	edge & plaı	nning of presen	ter(s)	
3. Presentation	of conte	ent (interest	ing & effective)) _	
4. Extent to w	hich sessi	on contribu	ited to profession	onal growth _	
5. Quantity &	quality of	f materials	and handouts	_	
6. Opportuniti	es for int	eraction &	questions with 1	presenter(s) _	
7. Extent to wh	ich the s	ession bega	n and ended on	time _	,
8. Extent to wh	ich I see	the use of t	his training in t	the future _	
Comments:					
.			me .		
Date			Time in	Session	

SD-104 8/22/05