

# PELHAM CITY SCHOOLS PARTICIPANT EVALUATION OF PROFESSIONAL LEARNING ACTIVITY

(Revised 6/2012)

**TITLE OF ACTIVITY**

**DATE**

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Each participant in the professional learning activity should evaluate the QUALITY of the activity by completing the questionnaire below. Please remember to attach a copy of a signed and dated activity agenda/handout to this evaluation. Please check the appropriate box:

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	
					1. The activity objectives were related to my educational concerns.
					2. The activity objectives were related to practical educational application in my specific job setting.
					3. The activity had some outstanding components which were unique or innovative.
					4. Presentations were well organized.
					5. The program scheduled was well adapted to my educational need.
					6. Meeting facilities were suitable.
					7. The strategies utilized, including instructional resources were appropriate for meeting the state objectives.
					8. Overall, personnel conducting the activity exhibited the qualities essential to the success of the workshop. Consider creativity, specialized knowledge, communication skills, and the like.
					9. Overall, the activity was a successful training experience for me.
					10. Adequate provisions were made for me to provide feedback to the personnel conducting the workshop.
					11. Adequate provisions were made for me to identify needs which were not previously identified.
					12. As a result of this professional learning activity, I will alter my educational behavior in a more positive direction in my specific job.

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**PARTICIPANT:**

\_\_\_\_\_ Beginning Teacher    \_\_\_\_\_ Experienced Teacher    \_\_\_\_\_ Administrator    \_\_\_\_\_ Service Personnel

**TIME OF ACTIVITY:**

\_\_\_\_\_ After School/Saturday    \_\_\_\_\_ Released Time    \_\_\_\_\_ Combination    \_\_\_\_\_ Pre or Post Planning

**COMMENTS:**

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Participant Signature

Date