

## CA BOCES Evaluation Summary Form Regional Professional Development

Use this form as a cover sheet for participant evaluations at the end of each regional professional development event. This form should serve as a summary of participant evaluations.

### Satisfaction:

1. To what extent did the participants indicate you addressed the stated outcomes?	1	2	3	4	5
2. To what extent was the information meaningful to the participants?	1	2	3	4	5
3. To what extent did the participants indicate you promoted a positive learning environment?	1	2	3	4	5
4. To what extent did the participants predict it would impact student learning?	1	2	3	4	5
5. To what extent did the participants say they would recommend this learning opportunity?	1	2	3	4	5

### Learning:

What were some of the major comments and takeaways from participants regarding what they learned?

- helpful
- comfortable
- informative

What did participants indicate they still need to support further learning or application of their learning?

- student review & verification by CSE Chairs

What did the participants indicate they plan to do as a result of their learning?

- administer testlets

### Instructional Support Services Evaluation Form

Date: 1/10/19

Facilitator(s): Rob Griffith Corey Wilson

Event: NYSAA Training

District/School: Plover

*This survey will help us evaluate how well this learning experience has met your needs and expectations. Please respond to all the items by circling the number that best represents your opinion for each item below.*

	Strongly Disagree	Disagree	Not Certain	Agree	Strongly Agree
1. The workshop clearly addressed the stated outcomes.	1	2	3	4	5
2. The information presented was meaningful to me.	1	2	3	4	5
3. The facilitator promoted a positive learning environment.	1	2	3	4	5
4. The workshop will impact how I work to improve student learning.	1	2	3	4	5
5. I would recommend this learning opportunity.	1	2	3	4	5

Please comment:

Very helpful and informative

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I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

## Instructional Support Services Evaluation Form

Date: 1/10/2019

Facilitator(s): Rob Griffith / Corey Wilson

Event: NPSSA Training

District/School: Pioneer Central

*This survey will help us evaluate how well this learning experience has met your needs and expectations. Please respond to all the items by circling the number that best represents your opinion for each item below.*

	Strongly Disagree	Disagree	Not Certain	Agree	Strongly Agree
1. The workshop clearly addressed the stated outcomes.	1	2	3	4	5
2. The information presented was meaningful to me.	1	2	3	4	5
3. The facilitator promoted a positive learning environment.	1	2	3	4	5
4. The workshop will impact how I work to improve student learning.	1	2	3	4	5
5. I would recommend this learning opportunity.	1	2	3	4	5

Please comment:

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I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

### Instructional Support Services Evaluation Form

Date: 1/10/19

Facilitator(s): Rob Griffith & Corey Wilson

Event: NYSAA Training

District/School: Allegheny - Limestone

*This survey will help us evaluate how well this learning experience has met your needs and expectations. Please respond to all the items by circling the number that best represents your opinion for each item below.*

	Strongly Disagree	Disagree	Not Certain	Agree	Strongly Agree
1. The workshop clearly addressed the stated outcomes.	1	2	3	4	5
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4. The workshop will impact how I work to improve student learning.	1	2	3	4	5
5. I would recommend this learning opportunity.	1	2	3	4	5

Please comment:

Rob + Corey did a great job w/ this refresher for this!  
I feel more comfortable w/ the info! this year

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

**Instructional Support Services Evaluation Form**

C. Wilson  
D. Griffith

Date: 1/10/19

Facilitator(s): \_\_\_\_\_

Event: NYSSA

District/School: CABOCES

WN - Olean

*This survey will help us evaluate how well this learning experience has met your needs and expectations. Please respond to all the items by circling the number that best represents your opinion for each item below.*

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5. I would recommend this learning opportunity.	1	2	3	4	5

Please comment:

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I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

### Instructional Support Services Evaluation Form

Date: Jan. 10, 2019

Facilitator(s): Rob Griffith / Corey Wilson

Event: NYSAA

District/School: Pioneer School District

*This survey will help us evaluate how well this learning experience has met your needs and expectations. Please respond to all the items by circling the number that best represents your opinion for each item below.*

	Strongly Disagree	Disagree	Not Certain	Agree	Strongly Agree
1. The workshop clearly addressed the stated outcomes.	1	2	3	4	5
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Please comment:

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Comments: