## **Instructional Support Services Evaluation Form**

Event: Moodle upd	Date: 5/4/18
District/School: 0 HS	Facilitator(s):

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

5. I would recommend this learning opportunity.	4. The workshop will impact how I work to improve student learning.	3. The facilitator promoted a positive learning environment.	2. The information presented was meaningful to me.	1. The workshop clearly addressed the stated outcomes.	
1	1	1	1	<b>1</b>	Strongly Disagree
2	2	2	2	2	Disagree
ω	ω ,	ω	ω	ယ	Not Certain
4	4	4	4	4	Agree
57	(J)	(J)	(5)	(5)	Strongly Agree

Please comment:

I received:	Comments:	
	to	
	After this workshop I plan to:	
	After	
I expected:	I still need:	updated 11/2010

Instructional Support Services Evaluation Form

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Event: Middle

District/School: blean City School District Facilitator(s): Karen + nsley Justine Lamburdi & Christina

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

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5. I would recommend this learning opportunity.	4. The workshop will impact how I work to improve student learning.	3. The facilitator promoted a positive learning environment.	2. The information presented was meaningful to me.	1. The workshop clearly addressed the stated outcomes.	
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4	4	4	4	4	Agree
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Please comment:

Start into I I liked being able to work on my course I ask to assistance when nee led Good Suggestions on ADA Compliance

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updated 11/2010

## **Instructional Support Services Evaluation Form**

Event: Nordle Training	Date: Mun 4, 2018
District/School: Culpa-Rushfurd	Facilitator(s): Jaren Meley

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

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	g opportunity.	4. The workshop will impact how I work to improve student learning.	ve learning environment.	meaningful to me.	the stated outcomes.	
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Date: /// au Event: \_ **Instructional Support Services Evaluation Form** Facilitator(s): Laven trolly, Justine Comberdo. District/School: \_\_\_\_ CKCC hns ha Micha

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

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5. I would recommend this learning opportunity.	4. The workshop will impact how I work to improve student learning.	3. The facilitator promoted a positive learning environment.	2. The information presented was meaningful to me.	1. The workshop clearly addressed the stated outcomes.	
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