

MS/HS EVA c/c
5/16/18

CA BOCES Evaluation Summary Form
Regional Professional Development

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Pamela Keiser

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 indicated 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?
Loved the lesson share
Writing w/ video presentations were well received
Networking & resources
What did participants indicate they still need to support further learning or application of their learning?
Need for more CTE-type support & training

What did the participants indicate they plan to do as a result of their learning?
Incorporate more video in class
Use lesson plan ideas

Instructional Support Services Evaluation Form

Date: 5/16/18

Facilitator(s): Sarah & Brendan

Event: Coset 529
ELA CLE

District/School: Bolivar Heights Central School

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:

Thank you for opening my eyes to so much!

Instructional Support Services Evaluation Form

Date: May 16, 2017

Facilitator(s): Brandon + Sarah

Event: ELA CLC

District/School: HCS

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:

Good job!

Instructional Support Services Evaluation Form

Date: May 16, 2018

Facilitator(s): Breandan / Sarah

Event: ELA CLE

District/School: Franklinville

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:

THANKS!

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Instructional Support Services Evaluation Form

Date: 5/16/18

Facilitator(s): Bradley Schen

Event: ELA CLC

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)
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:

Always entertaining and informative - I always go away with
new energy and new ideas. Thanks!

Instructional Support Services Evaluation Form

Date: 5/16/18

Facilitator(s): Brenden / Shuk

Event: ELA CLC

District/School: Allegheny Detention

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:

such good ideas -

Instructional Support Services Evaluation Form

Date: May 16

Facilitator(s): Sarah & Brenden

Event: ELFCLC

District/School: Socio

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:

Loved the lesson share!!

Instructional Support Services Evaluation Form

Date: 5/16/18

Facilitator(s): Sarah + Brenden

Event: ELA CLC #3

District/School: Belmont CTE

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:

I only wish there were more training events
opened toward CTE-type teachers/topics...

Instructional Support Services Evaluation Form

Date: 05/16/2018

Facilitator(s): Sarah + Braden

Event: ELA CC

District/School: Whitesville Central School

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:

I loved all the different experiences and experiments we did - and I liked on the 3rd day that we weren't tied to a PowerPoint - it seemed to move much faster.

Instructional Support Services Evaluation Form

Date: 5/16/2018

Facilitator(s): Beverly - Seave

Event: EVA cll

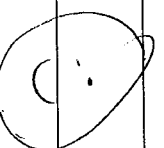
District/School: Partville

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:

I loved the writing w/ video presentation! As always - great job - loved the app - Please learn share!



Instructional Support Services Evaluation Form

Date: May 16, 2018

Facilitator(s): Brendan & Sarah

Event: EIA CIC

District/School: CLV

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:

enjoy the networking & resources to share w/
my colleagues - thank you so much I
have enjoyed this year

Instructional Support Services Evaluation Form

Date: 5-16-18

Facilitator(s): _____

Event: ELACLC

District/School: GVCS

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 | <u>4</u> | 5 |
| 2. The information presented was meaningful to me. | 1 | 2 | 3 | <u>4</u> | 5 |
| 3. The facilitator promoted a positive learning environment. | 1 | 2 | 3 | <u>4</u> | 5 |
| 4. The workshop will impact how I work to improve student learning. | 1 | 2 | 3 | <u>4</u> | 5 |
| 5. I would recommend this learning opportunity. | 1 | 2 | 3 | <u>4</u> | 5 |

Please comment:

I enjoy lesson plans, guest speakers, giveaways, positivity,
motivation.

Instructional Support Services Evaluation Form

Date: 5-16-18

Facilitator(s): Brendan + Sarah

Event: EVA LLC

District/School: Whitesville

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:

As always, I loved the lesson share!

Instructional Support Services Evaluation Form

Date: May 16, 2018

Facilitator(s): Bendon + Sinal

Event: EA LIC #3

District/School: Hinsdale

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:

Thank you for Shireen ~ Great speaker was a great feel and gave me lots of ideas