

Genius Hour CLE - DAY ONE

KAREN MCGINNIS

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 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?
THEY LIKED RESOURCES PROVIDED TO THEM & GETTING TO CONDUCT THEIR OWN Genius Hour PROJECT

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

TRAINING ON SOME TECH TOOLS TO HELP SUPPORT KIDS

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

CAN'T WAIT TO START THEIR CLASS GENIUS HOUR PROJECTS

Instructional Support Services Evaluation Form

Date: 9/19/2018

Facilitator(s): Ryan McGinnis

Event: Genius Hour cc: Day 1

District/School: Randolph

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

Please comment:

Thank you for playing Caine's Arcade!

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 9/19/2018

Facilitator(s): Ryan McGinnis

Event: Genius Hour cc: Dmr 1

District/School: Randolph

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 expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 9/14/2018

Facilitator(s): Tim McGinnis

Event: Genius Hour cc: Dr 1

District/School: Randolph 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:

Thank you! We are excited for
you to come visit.

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 9/19/2018

Facilitator(s): Ryan McGinnis

Event: Genius Hour cc: Dr 1

District/School: CA-BOCES

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:

Enjoyed the start of the day & 'breaking the ice' with the group
(Swedish Fika). Walking through the process to experience anticipated outcomes
is beneficial.

I expected:

I received:

I still need:

Comments:

After this workshop I plan to:

Share what
we have
learned from
this
workshop

Instructional Support Services Evaluation Form

Date: 9/19/2018

Facilitator(s): Ryan McGinnis

Event: Genius Hour Lec: Dr 1

District/School: ALCSD

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 coming to
today's session. I hope it is
helpful to you. If it is
not, please let me know.

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 9/19/2018

Facilitator(s): Kym McGinnis

Event: Genius Hour Lec: Day 1

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

Please comment:

I'm excited to see what my students
can do.

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 9/19/2018

Facilitator(s): Yvonne McGinnis

Event: Genius Hour cc: DMR 1

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

Please comment:

Thank you! I've been looking for a way to begin and w/ the materials and doing this training I feel like I have a much better direction. ☺

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 9/19/2018

Facilitator(s): Ryan McGinnis

Event: Genius Hour LCC: Day 1

District/School: Salamanca

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

Please comment:

Ryan presented the content in a very effective & impactful manner. Can't wait to use it!

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 9/19/2018

Facilitator(s): Ryan McGinnis

Event: Genius Hour cc: Dnr 1

District/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
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Please comment:

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 9/19/2018

Facilitator(s): Ryan McGuinnis

Event: Genius Hour cc: Day 1

District/School: Fillmore

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

Please comment:

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 9/19/2018

Facilitator(s): Ryan McGinnis

Event: Genius Hour cc: Day 1

District/School: Randolph

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 am really excited to try Geniustax in my classroom. Love
all the new tech ideas! Thank for the help with coming to
our school and showing our students how to use the apps!

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 9/19/2018

Facilitator(s): Kym McQuinn

Event: Genius Hour cc: Dmr 1

District/School: Randolph

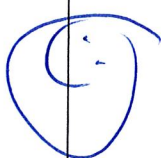
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5. I would recommend this learning opportunity.	1	2	3	4	<u>5</u>

Please comment:

Thank you!

or



I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 9/19/2018

Facilitator(s): Kym McGinnis

Event: Genius Hour cc: Mr 1

District/School: WCS

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	<u>5</u>

Please comment:

Can't wait to see what you students produce

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 9/14/2018

Facilitator(s): Ryan McGinnis

Event: Genius Hour Lec: Dr 1

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.

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Disagree | Disagree | Not
Certain | Agree | Strongly
Agree |
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Please comment:

I expected:

I received:

After this workshop I plan to:

I still need:

Comments: