

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?

LOVED THE CONTENTS & APPLE'S PRESENTATION; CAN'T WAIT TO USE SWIFT IN CLASSROOMS!

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

TIME & PLACEMENT

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

USE APPLE SWIFT IN CLASS

Instructional Support Services Evaluation Form

Date: 9/26/2018

Facilitator(s): ROB MILLER / AYAAN MCGINNIS

Event: COMPUTATIONAL THINKING CLE: DAY 1

District/School: CHBOCES - 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.

	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:

Great Workshop

I expected:

I received:

I still need:

Comments:

After this workshop I plan to:

USE More

Coding

Instructional Support Services Evaluation Form

Date: 9/26/2018

Facilitator(s): BOB MILLER / DYAN McGINNIS

Event: COMPUTATIONAL THINKING CCL: 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	<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:

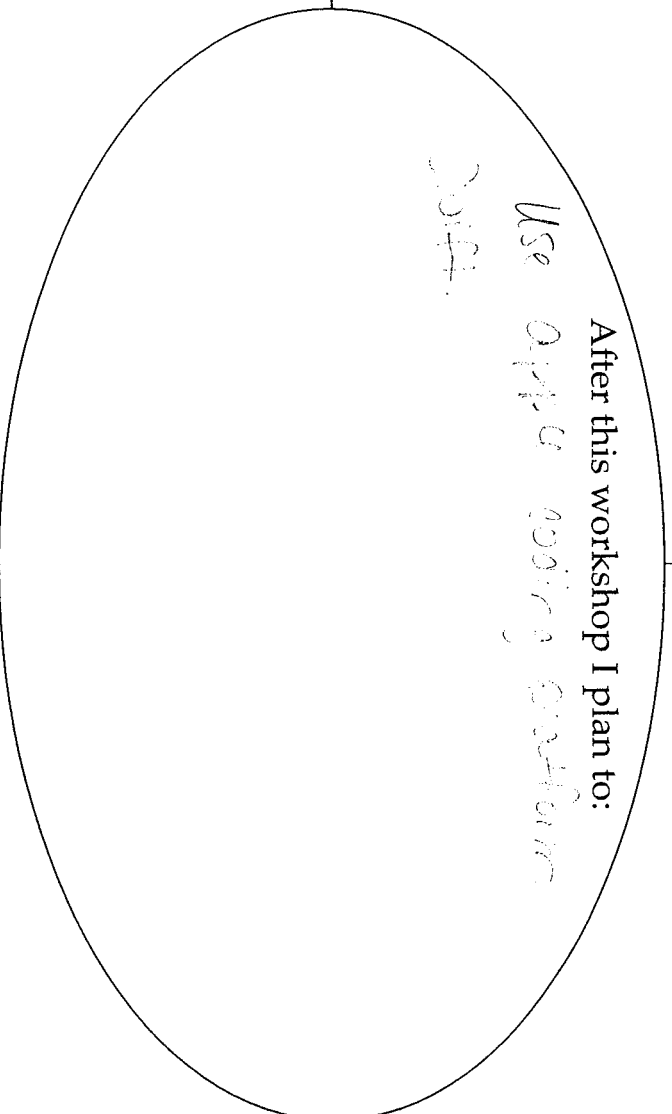
I really liked how the presentation was. I think the teachers
need to know the full potential of the tools.

I expected:

I received:

I still need:

Comments:



Instructional Support Services Evaluation Form

Date: 9/26/2018

Facilitator(s): FOR MILLER / LYNN MCGINNIS

Event: COMPUTATIONAL THINKING LLC DAY 1 District/School: 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	<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:

I expected:

I received:

I still need:

Comments:

After this workshop I plan to:

use apple coding

in class

Instructional Support Services Evaluation Form

Date: 9/26/2018

Facilitator(s): Rob Miller / Ryan McGuinnis

Event: COMPUTATIONAL THINKING CLC: DAY 1

District/School: Cuba Rushford

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 had never heard about any of this. I'm so excited and glad to
have new ideas

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 9/26/2018

Facilitator(s): FOR MILLER / LYNN MCGINNIS

Event: COMPUTATIONAL THINKING CLE: DAY 1 District/School: ALCS

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: 9/26/2018

Facilitator(s): Rob Miller / Lynn McGinnis

Event: COMPUTATIONAL THINKING Cc: DM1

District/School: Eden Q/S. H.S.

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.	<u>1</u>	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:

Awesome conference!

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 9/26/2018

Facilitator(s): FOR MILLER / DANN MCGINNIS

Event: COMPUTATIONAL THINKING LEC: DAY 1

District/School: Eden Central Schools

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

Please comment:

Wish Swift was web based program
to encourage coding to a wider audience.

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 9/26/2018

Facilitator(s): ROB MILLER / LYNN MCGINNIS

Event: COMPUTATIONAL THINKING CLE: DAY 1

District/School: CRC S

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:

Excellent! I want more!

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 9/26/2018

Facilitator(s): FOR MILLER / LYNN McGINNIS

Event: COMPUTATIONAL THINKING LLC: DAY 1

District/School: CABOCES

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:

Great Day

I expected:

I received:

After this workshop I plan to:

I still need:

Comments: