

# 2 DAY RESTORATIVE PRACTICE

WED 2/6/19 AND

THURS. 2/7/19

## 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?

~~SEE~~ GREAT STRATEGIES. CURIOUS ABOUT HOW DISTRICT PLANS TO USE R.P.'S.

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

DIRECTION FROM DISTRICT. TIME. PRACTICE

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

START SMALL. WORK W/ OTHERS HERE.

# IIRP Professional Development Evaluation



Event Title Introduction to Restorative Practices

Date(s) 2-6-19

Instructor(s) Jillian Putnam

Please print clearly.

Name Donna Ewing Job Title School Psychologist

Agency/Organization \_\_\_\_\_

or School District/School Name Wellsville School

Address  Work  Home 126 W. State St.

City Wellsville State/Province NY Zip/Postal Code 14895

Country USA

Phone 585-596-2164  Work  Home  Mobile

Email (please print clearly) dewing@wlsv.org

Please rate each of the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
The instructor was knowledgeable about the content.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor encouraged student participation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor used examples and illustrations to help clarify the material.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor was an effective facilitator.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor was personally engaging.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I examined my own thinking and practice.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned how to apply these practices to my work/life.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any written comments in the areas listed below. Use the back of this sheet if you need more room.

1. What did you like most about this experience?

Learning the restorative questions

2. What did you like least about this experience?

When other BACES people (administrators?) came in + watched the circle (not part of it) ~~\_\_\_\_\_~~

3. Please tell us how you are using or plan to use what you've learned in this course in your professional or personal life.

Use the resorative questions in my job and life.

- I would like more information on the IIRP Graduate School.
- Please contact me about bringing restorative practices training and services to my organization.
- I am interested in the Training of Trainers program.
- You may use my comments to help inform others about restorative practices (sign below).

Signature Donna Ewing Date 2-6-19

# IIRP Professional Development Evaluation



Event Title Introduction to Restorative Practices

Date(s) 2/6/19

Instructor(s) Jillian Putnam, Mark & Carol

Please print clearly.

Name Lisa Penus Job Title Sp. Ed. School Improvement Sp.ist

Agency/Organization CA-BCRFS

School District/School Name

Address  Work  Home 1824 Windfall Road

City Olean State/Province NY Zip/Postal Code 14704

Country USA

Phone  Work  Home  Mobile

Email (please print clearly) lisa-penus@caboces.org

Please rate each of the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
The instructor was knowledgeable about the content.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor encouraged student participation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor used examples and illustrations to help clarify the material.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor was an effective facilitator.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor was personally engaging.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I examined my own thinking and practice.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned how to apply these practices to my work/life.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any written comments in the areas listed below. Use the back of this sheet if you need more room.

1. What did you like most about this experience?

Good information - Facilitators kept things moving

2. What did you like least about this experience?

3. Please tell us how you are using or plan to use what you've learned in this course in your professional or personal life.

Support teachers/staff - recommend alternatives and step as well as other alternatives to punitive options.

- I would like more information on the IIRP Graduate School.
- Please contact me about bringing restorative practices training and services to my organization.
- I am interested in the Training of Trainers program.
- You may use my comments to help inform others about restorative practices (sign below).

Signature Lisa Penus Date 2/6/19

# IIRP Professional Development Evaluation



Event Title Introduction to Restorative Practices

Date(s)

Instructor(s)

Sillvan Putnam  
Mark Corbett

Please print clearly.

Name Rick Bell Job Title Asst. Prin.

Agency/Organization \_\_\_\_\_

or School District/School Name Wellsville Secondary School

Address  Work  Home \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_  Work  Home  Mobile

Email (please print clearly) \_\_\_\_\_

Please rate each of the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
The instructor was knowledgeable about the content.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor encouraged student participation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor used examples and illustrations to help clarify the material.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor was an effective facilitator.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor was personally engaging.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I examined my own thinking and practice.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned how to apply these practices to my work/life.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any written comments in the areas listed below. Use the back of this sheet if you need more room.

1. What did you like most about this experience?

Today cleared up some of my misunderstandings of RP

2. What did you like least about this experience?

I enjoyed it all, not a big fear of sharing in a group but 😊

3. Please tell us how you are using or plan to use what you've learned in this course in your professional or personal life.

I can use restorative questions daily

- I would like more information on the IIRP Graduate School.
- Please contact me about bringing restorative practices training and services to my organization.
- I am interested in the Training of Trainers program.
- You may use my comments to help inform others about restorative practices (sign below).

Signature Rick Bell Date Feb 6 2019



**IIRP**

International Institute  
for Restorative Practices

# IIRP Professional Development Evaluation

Event Title Introduction to Restorative Practices

Date(s) 2/6/19

Instructor(s) Jillian & Mark

Please print clearly.

Name Shannon Steiner Job Title Social Worker

Agency/Organization Wellauk Secondary

or School District/School Name ↓

Address  Work  Home 126 W State St

City Wellauk State/Province NY Zip/Postal Code 14895

Country US

Phone 596-2163  Work  Home  Mobile

Email (please print clearly) Shannon21@hotmail.com

Please rate each of the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
--	----------------	-------	----------	-------------------	----------------

The instructor was knowledgeable about the content.	●	○	○	○	○
---	---	---	---	---	---

The instructor encouraged student participation.	●	○	○	○	○
--	---	---	---	---	---

The instructor used examples and illustrations to help clarify the material.	●	○	○	○	○
--	---	---	---	---	---

The instructor was an effective facilitator.	●	○	○	○	○
--	---	---	---	---	---

The instructor was personally engaging.	●	○	○	○	○
---	---	---	---	---	---

I examined my own thinking and practice.	●	○	○	○	○
--	---	---	---	---	---

I learned how to apply these practices to my work/life.	●	○	○	○	○
---	---	---	---	---	---

Please provide any written comments in the areas listed below. Use the back of this sheet if you need more room.

1. What did you like most about this experience?

Participating in circles & learning about affective statements.

2. What did you like least about this experience?

Trying to come up with examples

3. Please tell us how you are using or plan to use what you've learned in this course in your professional or personal life.

I plan on working hard on how I address students differently & be more supportive.

I would like more information on the IIRP Graduate School.

Please contact me about bringing restorative practices training and services to my organization.

I am interested in the Training of Trainers program.

You may use my comments to help inform others about restorative practices (sign below).

Signature Shannon Steiner Date 2/6/19

# IIRP Professional Development Evaluation



Event Title Introduction to Restorative Practices

Date(s) 2-6-2019

Instructor(s) MARK CARLIS JILLIAN PLONAN

Please print clearly.

Name VERONICA SCHOLET Job Title FAMILY RESOURCE CO-ORD

Agency/Organization WELLSVILLE SCHOOL

or School District/School Name

Address  Work  Home 126 W STATE ST. WELLSVILLE, NY 14895

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone 585-596-2194  Work  Home  Mobile

Email (please print clearly) vscholet@wvsu.org

Please rate each of the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
The instructor was knowledgeable about the content.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor encouraged student participation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor used examples and illustrations to help clarify the material.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor was an effective facilitator.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor was personally engaging.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I examined my own thinking and practice.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned how to apply these practices to my work/life.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any written comments in the areas listed below. Use the back of this sheet if you need more room.

1. What did you like most about this experience?

PRACTICING TECHNIQUES & WATCHING ROLE PLAYS ON VIDEO.

2. What did you like least about this experience?

SITTING SO LONG.

3. Please tell us how you are using or plan to use what you've learned in this course in your professional or personal life.

UTILIZE WITH STUDENTS, TEACHERS & STUDENTS WHEN DISCUSSING DIFFICULT / CONFIDENTIAL SITUATIONS.

- I would like more information on the IIRP Graduate School.
- Please contact me about bringing restorative practices training and services to my organization.
- I am interested in the Training of Trainers program.
- You may use my comments to help inform others about restorative practices (sign below).

Signature [Signature] Date 2-6-2019

# IIRP Professional Development Evaluation



Event Title Introduction to Restorative Practices

Date(s) Feb. 6, 2019

Instructor(s) Jillian Putnam / Mark Carls

Please print clearly.

Name Jamie Bump Job Title 6<sup>th</sup> science

Agency/Organization WA

or School District/School Name Wellsville Secondary

Address  Work  Home 126 W. State St.

City Wellsville State/Province NY Zip/Postal Code 14895

Country US

Phone (585) 596-2144  Work  Home  Mobile

Email (please print clearly) jbump@wlsy.org

Please rate each of the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
The instructor was knowledgeable about the content.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor encouraged student participation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor used examples and illustrations to help clarify the material.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor was an effective facilitator.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor was personally engaging.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I examined my own thinking and practice.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned how to apply these practices to my work/life.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any written comments in the areas listed below. Use the back of this sheet if you need more room.

1. What did you like most about this experience?

I have strategies I can begin to immediately implement in my classroom.

2. What did you like least about this experience?

N/A

3. Please tell us how you are using or plan to use what you've learned in this course in your professional or personal life.

Going to use the restorative questions.

- I would like more information on the IIRP Graduate School.
- Please contact me about bringing restorative practices training and services to my organization.
- I am interested in the Training of Trainers program.
- You may use my comments to help inform others about restorative practices (sign below).

Signature Jamie Z Bump Date 2/6/19

# IIRP Professional Development Evaluation

**Event Title** Introduction to Restorative Practices

**Date(s)** \_\_\_\_\_ **Instructor(s)** \_\_\_\_\_

**Please print clearly.**

Name Marie Vetter Job Title Teacher

Agency/Organization \_\_\_\_\_

or School District/School Name Walla Walla Secondary

Address  Work  Home 126 W. State St.

City Walla Walla State/Province WA Zip/Postal Code 14895

Country \_\_\_\_\_

Phone 509-826-2144  Work  Home  Mobile

Email (please print clearly) mvetter@wvsa.org

**Please rate each of the following statements.**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
The instructor was knowledgeable about the content.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor encouraged student participation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor used examples and illustrations to help clarify the material.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor was an effective facilitator.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor was personally engaging.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I examined my own thinking and practice.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned how to apply these practices to my work/life.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please provide any written comments in the areas listed below. Use the back of this sheet if you need more room.**

1. What did you like most about this experience?

The ability to apply what can be used in my classroom

2. What did you like least about this experience?

None

3. Please tell us how you are using or plan to use what you've learned in this course in your professional or personal life.

Continuing the way we teach and using what we have learned

- I would like more information on the IIRP Graduate School.
- Please contact me about bringing restorative practices training and services to my organization.
- I am interested in the Training of Trainers program.
- You may use my comments to help inform others about restorative practices (sign below).

Signature Marie Vetter Date 2/6/19



# IIRP Professional Development Evaluation



Event Title Introduction to Restorative Practices

Date(s) 2/6/19

Instructor(s)

Jillian Putnam  
Mark Carls

Please print clearly.

Name Michelle Alford

Job Title School Counselor

Agency/Organization Wellsville SS

or School District/School Name Wellsville Secondary School

Address  Work  Home 126 W State St

City Wellsville

State/Province NY

Zip/Postal Code 14895

Country USA

Phone 585-596-2162  Work  Home  Mobile

Email (please print clearly) malford@wvss.org

Please rate each of the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
The instructor was knowledgeable about the content.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor encouraged student participation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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The instructor was an effective facilitator.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor was personally engaging.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I examined my own thinking and practice.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned how to apply these practices to my work/life.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any written comments in the areas listed below. Use the back of this sheet if you need more room.

1. What did you like most about this experience?

We got to actually practice. It was challenging but felt supported/comfortable. I usually dread having to speak

2. What did you like least about this experience?

nothing

→ (hey that's a 4)

3. Please tell us how you are using or plan to use what you've learned in this course in your professional or personal life.

I will use restorative ?'s no more why? 5  
I will also try to use & more affective statements

I would like more information on the IIRP Graduate School.

Please contact me about bringing restorative practices training and services to my organization.

I am interested in the Training of Trainers program.

You may use my comments to help inform others about restorative practices (sign below).

Signature Michelle Alford Date 2/6/19

# IIRP Professional Development Evaluation



Event Title Introduction to Restorative Practices

Date(s) 2/6

Instructor(s) Mark Carls  
Jillian Patnum

Please print clearly.

Name Samantha Kaminska Job Title \_\_\_\_\_

Agency/Organization \_\_\_\_\_

or School District/School Name Wellsville Secondary School

Address  Work  Home 106 South St.

City Belmont State/Province NY Zip/Postal Code 14813

Country \_\_\_\_\_

Phone 585-596-2182  Work  Home  Mobile

Email (please print clearly) skaminska@wisv.org

Please rate each of the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
The instructor was knowledgeable about the content.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor encouraged student participation.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor used examples and illustrations to help clarify the material.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor was an effective facilitator.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor was personally engaging.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I examined my own thinking and practice.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned how to apply these practices to my work/life.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any written comments in the areas listed below. Use the back of this sheet if you need more room.

1. What did you like most about this experience?

It was a great introduction to restorative practice and what it is about

2. What did you like least about this experience?

?

3. Please tell us how you are using or plan to use what you've learned in this course in your professional or personal life.

I plan to use the affective statements both in the classroom and my life. I also will strive to be more in the upper right corner of the chart.

- I would like more information on the IIRP Graduate School.
- Please contact me about bringing restorative practices training and services to my organization.
- I am interested in the Training of Trainers program.
- You may use my comments to help inform others about restorative practices (sign below).

Signature Samantha Kaminska Date 2/6/19

# IIRP Professional Development Evaluation



Event Title Introduction to Restorative Practices

Date(s) 2/6/19

Instructor(s) Jillian Putnam / Mark Carls

Please print clearly.

Name Eli Marcus Job Title HS Teacher

Agency/Organization Wellsville

or School District/School Name \_\_\_\_\_

Address  Work  Home 9204 Higgins Hill Rd.

City Ackport, NY State/Province NY Zip/Postal Code 14807

Country \_\_\_\_\_

Phone 607 382 6309  Work  Home  Mobile

Email (please print clearly) elimarcus@hotmail.com

Please rate each of the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
The instructor was knowledgeable about the content.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor encouraged student participation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor used examples and illustrations to help clarify the material.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor was an effective facilitator.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor was personally engaging.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I examined my own thinking and practice.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned how to apply these practices to my work/life.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any written comments in the areas listed below. Use the back of this sheet if you need more room.

1. What did you like most about this experience?

*It was very self-reflective, both personally and professionally.*

2. What did you like least about this experience?

3. Please tell us how you are using or plan to use what you've learned in this course in your professional or personal life.

*I can change my questions to use better objective statements*

I would like more information on the IIRP Graduate School.

Please contact me about bringing restorative practices training and services to my organization.

I am interested in the Training of Trainers program.

You may use my comments to help inform others about restorative practices (sign below).

Signature *Eli Marcus* Date 2/6/19

# IIRP Professional Development Evaluation



Event Title Introduction to Restorative Practices

Date(s) 2/6/19

Instructor(s)

Please print clearly.

Name Jaime McLaughlin Job Title 10<sup>th</sup> Grade Special Ed Teacher

Agency/Organization Wellsville High School

or School District/School Name Wellsville High School

Address  Work  Home 126 West St. Street

City Wellsville

State/Province NY

Zip/Postal Code 14895

Country \_\_\_\_\_

Phone 585 596 2182  Work  Home  Mobile

Email (please print clearly) jmclaughlin@wlv.org

Please rate each of the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
The instructor was knowledgeable about the content.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor encouraged student participation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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The instructor was an effective facilitator.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor was personally engaging.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I examined my own thinking and practice.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned how to apply these practices to my work/life.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any written comments in the areas listed below. Use the back of this sheet if you need more room.

1. What did you like most about this experience?

It made me reflect and think about everything I do and say.

2. What did you like least about this experience?

The chairs

3. Please tell us how you are using or plan to use what you've learned in this course in your professional or personal life.

I am going to use the questions in my classroom and at home with my 6 year olds

- I would like more information on the IIRP Graduate School.
- Please contact me about bringing restorative practices training and services to my organization.
- I am interested in the Training of Trainers program.
- You may use my comments to help inform others about restorative practices (sign below).

Signature Jaime McLaughlin Date 2/6/19

# IIRP Professional Development Evaluation



Event Title Introduction to Restorative Practices

Date(s) 2/6

Instructor(s) Jillian Putnam + Mark Carls

Please print clearly.

Name Emily Thompson Job Title 7th Grade Sped

Agency/Organization Wellsville

School District/School Name Secondary School

Address  Work  Home 126 West State St.

City Wellsville State/Province NY Zip/Postal Code 14895

Country US

Phone 506-2144  Work  Home  Mobile

Email (please print clearly) ethompson@wlsv.org

Please rate each of the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
The instructor was knowledgeable about the content.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor encouraged student participation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor used examples and illustrations to help clarify the material.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor was an effective facilitator.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor was personally engaging.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I examined my own thinking and practice.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned how to apply these practices to my work/life.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any written comments in the areas listed below. Use the back of this sheet if you need more room.

1. What did you like most about this experience?

I can see very practical ways to use these strategies.

2. What did you like least about this experience?

The chairs are not comfortable for sitting that long. I was fine taking standing breaks though.

3. Please tell us how you are using or plan to use what you've learned in this course in your professional or personal life.

Questions to communicate with students + affective statements.

- I would like more information on the IIRP Graduate School.
- Please contact me about bringing restorative practices training and services to my organization.
- I am interested in the Training of Trainers program.
- You may use my comments to help inform others about restorative practices (sign below).

Signature Date 2/6