

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s) 2/7/19

Instructor(s) Dr. Pauline Martin

Please print clearly.

Name Lisa Parus

Job Title Sp. Ed. Svc. Coordinator
Specialist

Agency/Organization CA-BOERS

or School District/School Name _____

Address Work Home 1224 Woodland St

City Olean

State/Province NY

Zip/Postal Code 14756

Country USA

Phone _____ Work Home Mobile

Email (please print clearly) lisa.parus@ca-boers.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 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 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?

The practice. Sincerity of instructor.

2. What did you like least about this experience?

The video work. I wish I had more time to go from start to finish of working circles.

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.

- 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 Parus

Date 2/7/19

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s) _____ Instructor(s) _____

Please print clearly.

Name Eli Marcus Job Title _____

Agency/Organization Wellsville

or School District/School Name _____

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?

It gave immediate strategies for to implement.

2. What did you like least about this experience?

I would have liked more specific info as far as questions to lead circles

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 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 _____

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s)

Instructor(s)

Please print clearly.

Name Kirk Bull Job Title Asst. Prin

Agency/Organization _____

or School District/School Name Wellsv. Va Secondary School

Address Work Home _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Phone _____ Work Home Mobile

Email (please print clearly) kbull@wvsc.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?

Learning how to use questions for a better understanding

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 will use the restorative questions everyday

- 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 Kirk Bull Date Feb 7 2019

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s) 2/7/19

Instructor(s) Jillian Putnam Mark Carls

Please print clearly.

Name Jaime McLaughlin Job Title 10th grade Special Ed. Teacher

Agency/Organization _____

School District/School Name Wellsville Secondary

Address Work Home 126 West State Street

City Wellsville State/Province NY Zip/Postal Code 14885

Country _____

Phone 585 593 2182 Work Home Mobile

Email (please print clearly) jmclaughlin@wlsu.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 the circle

2. What did you like least about this experience?

Very Practical + Tangible

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 the Question as a bases both in Class and personal 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 Jaime McLaughlin Date 2/7/19

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s) Feb. 7, 2019

Instructor(s) Mark Carls, Jillian Putnam

Please print clearly.

Name Jamie Bump Job Title 6th science

Agency/Organization _____

or School District/School Name Wellsville Secondary

Address Work Home 126 W. State St.

City Wellsville State/Province NY Zip/Postal Code 14895

Country USA

Phone (585) 596-2144 Work Home Mobile

Email (please print clearly) j.bump@wlsr.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 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?

Have tangible tools/strategies I can implement in my classroom

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.

Using circles in my classroom

- 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 L Bump Date 2/7/19

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s) _____ Instructor(s) _____

Please print clearly.

Name _____ Job Title _____

Agency/Organization _____

or School District/School Name _____

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 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor was an effective facilitator.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor was personally engaging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I examined my own thinking and practice.	<input 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 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?

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 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 _____

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s)

Instructor(s)

Please print clearly.

Name Samantha Kaminska Job Title Math Teacher

Agency/Organization _____

or School District/School Name Wellsville Secondary School

Address Work Home 66 South St

City Belmont State/Province NY Zip/Postal Code 14813

Country _____

Phone 716-585-2182 Work Home Mobile

Email (please print clearly) skaminska@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 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?

I learned practical tips and strategies for my classroom.

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.

Circles and affective questioning.

- 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 2/7/18

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s)

Instructor(s)

Please print clearly.

Name Michelle Alvard Job Title School Counselor

Agency/Organization Wellsville High Secondary School

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) malvard@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 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?

actually being able to use the circles, I felt more comfortable during this session

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 will be switching from HS to MS counselor and have 300 students to get

- 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).

to know I would be using the circles

Signature M Alvard Date 2/7/19

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s) 2/7

Instructor(s) Jillian + Mark

Please print clearly.

Name Emily Thompson Job Title Spec Ed.

Agency/Organization Wellsville

School District/School Name Wellsville Secondary

Address Work Home 126 West State St.

City Wellsville State/Province NY Zip/Postal Code 14895

Country _____

Phone ~~212~~ 585-596-2143 Work Home Mobile

Email (please print clearly) ethompson@wellsville.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"/>
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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 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 practice

2. What did you like least about this experience?

NA

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.

Cides to promote equity + equality

- 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 2/7/19

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s)

Instructor(s) WILLIAM PATRICK MACE COOK

Please print clearly.

Name VERONICA CHOW Job Title FAMILY RESOURCE COORDINATOR

Agency/Organization WELLSVILLE SCHOOL

School District/School Name _____

Address Work Home 126 W. STATE ST.

City WELLSVILLE State/Province NY Zip/Postal Code 14894

Country USA

Phone 585-596-2194 Work Home Mobile

Email (please print clearly) vschooler@wlsd.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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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 LIKED BEING W/ MEMBERS OF OUR OWN SCHOOL DISTRICT.

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 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 2-7-2019

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s) 2-7-19

Instructor(s) Jill Putnam + Mark Coats

Please print clearly.

Name Danna 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) _____

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"/>
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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"/>
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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?

Actually taking part in the circles + learning restorative questions.

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.

Using 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 Danna Ewing Date 2-7-19

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s) 2/7/19

Instructor(s) Jinbaek Parkram & Mark Ceals

Please print clearly.

Name Shannon Steiner Job Title Social Worker

Agency/Organization _____

or School District/School Name Wellsville

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"/>
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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 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?

Working closely in circles & learning how to facilitate.

2. What did you like least about this experience?

A lot of sitting

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.

When meeting with student & while providing mediations in the counseling office.

- 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 2/7/19