

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?

GREAT TECH TOOLS, GREAT JOB STAYING THE COURSE WHEN THE SOFTWARE DIDN'T WORK, THANKS FOR HELPING EXPLORE NEW TECHNOLOGIES,

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

WORK OUT THE BUGS WITH THE DOBOT MAGICIAN SOFTWARE

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

SHARE RESOURCES W/ THEIR DISTRICT, WORK ON USING THE DOBOT SOFTWARE BETTER.

Instructional Support Services Evaluation Form

Date:

6/16/2019

Facilitator(s):

District/School:

Bolivar Richburg

Event:

Robotic Arm

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:

Roberto Aron

After this workshop I plan to:

work out the
Bey so I can train
teachers

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 6/18

Facilitator(s): Rob, Ryan, Mark

Event: Eisenhower

District/School: 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:

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 14 June 2019

Facilitator(s): Rob Miller, Ryan McGinnis, Mark Beckwith

Event: ESN Now

District/School: Okla

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:

<p>I expected:</p>	<p>I received:</p>
<p>I still need:</p>	<p>Comments:</p>

After this workshop I plan to:

Instructional Support Services Evaluation Form

Date: 6/18/19

Facilitator(s): Mark, Rob, Ryan

Event: Erzchawer

District/School: GU

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!

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 6-18-19

Facilitator(s): Rob, Mark, Ryan

Event: Eisenhower Grant

District/School: 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:

Thank you for helping us explore all of
the next tech! Looking forward to
trying it out.

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 6/18/19

Facilitator(s): Mark, Ryan, Rob

Event: Eisenhower Grant

District/School: 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.

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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 Job in showing how tech sometimes
doesn't work!

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 6/18

Facilitator(s): Miller, Beck, McG

Event: Eisenhower Training

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
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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 tech tools.

I expected:

over

I received:

overview

After this workshop I plan to:

Take back to
SNAP team!

I still need:

time to
pray

Comments:

thank
you!

Instructional Support Services Evaluation Form

Date: 6/18/19

Facilitator(s): Rob Miller, Mark, Ryan

Event: Eisenhower Training

District/School: De Kalville

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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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:

Share the info
w my district.

I still need:

Comments: