

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?

- New ideas of how to teach different concepts
- Extra resources and tips.
- Overview and hands-on learning/demonstrations

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

- Reread weather kit manual
- How to continually assess student understanding
- Assessing students/understanding

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

- Utilize the kits
- Implement all 4 kits this year
- Get kits ordered (more aware of the time each will take)
- Use new ideas

Instructional Support Services Evaluation Form

Date: 8/6/19

Facilitator(s): Clay Nolan

Event: STEM KIT TRAINING

District/School: Wellsville

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 Job! Very Knowledgeable

I expected:

information on
teaching the
kits

I received:

instructions, demos,
helpful tips

After this workshop I plan to:

Integrate ALL
Science kits
next year

I still need:

help
assessing
students' understanding

Comments:

I feel
~~good~~
comfortable doing
this w/ my students.
Thank you.

Instructional Support Services Evaluation Form

Date: 8/5/19

Facilitator(s): Clay Nolan

Event: STEM Kits

District/School: Wellsville

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:

It's very helpful to walk through the lessons in the kit

I expected:

to learn some tips
for using the resources

I received:

-valuable tips
+ hands on
with some
activities

After this workshop I plan to:

implement all 4 Kits
this year (previously
did 3)

I still need:

how to continually
assess student
understanding

Comments:

Great
training

Instructional Support Services Evaluation Form

Date: 8/5/19

Facilitator(s): Clay Nolan

Event: Science Kits

District/School: Olean City 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 | (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>To learn how to utilize kits more effectively</p> | <p>I received:</p> <p>Helpful suggestions explanation of kits and how to implement</p> |
| <p>After this workshop I plan to:</p> <p>Utilize Science Kits</p> <p>I still need:</p> <p>Comments:</p> | |

Instructional Support Services Evaluation Form

Date: August 5 2019

Facilitator(s): Clay Nolan

Event: STEM Kits grade 3

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:

very helpful, feel prepared to use Kits

I expected:

overview of new kits

I received:

overview and
hands on training and
demonstrations

After this workshop I plan to:

use at least 3
kits, not sure about
weather kit

I still need:

reread
weather kit
manual

Comments:

very excited
to use 3 kits

weather kit seems
more challenging,
will save it for end
of year

Instructional Support Services Evaluation Form

Date: 8/5/19

Facilitator(s): Clay Nolan

Event: STFN K-3

District/School: CABOES At Gen Valley

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 to go over & see all the kits & get little tips

I expected:

get more knowledge of
his

I received:

got what I expected
plus extra tips &
resources.

After this workshop I plan to:

Use his more
often

I still need:

Nothing

Comments:

Thanks

Instructional Support Services Evaluation Form

Date: 8-5-19

Facilitator(s): Clay Nolan

Event: STEM

District/School: OCSD

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:

Awesome !

I expected:

to learn a lot

I received:

new ideas of how
to teach different
concepts

After this workshop I plan to:

use all of the new ideas
Presented throughout

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 8-5-19

Facilitator(s): Clay

Event: Science Kits

District/School: BCS

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:

To see just two kits

I received:

Info on the two kits I needed and a refresher on the other two.

After this workshop I plan to:

- Get my kits ordered since I am more aware of the time each will take

I still need:

Comments:

Thanks
Clay