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?
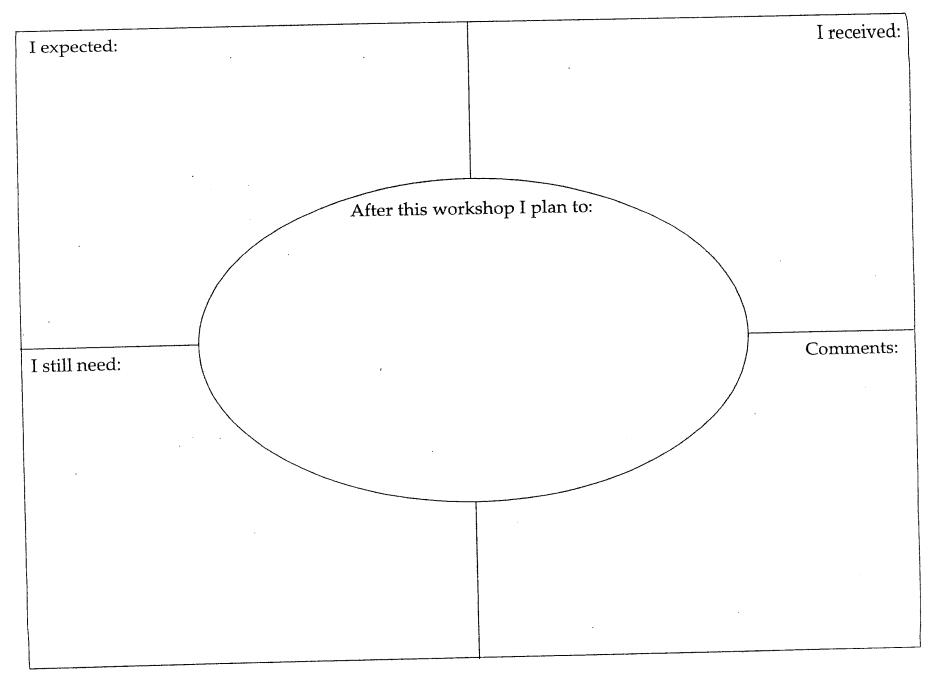
Resources, tools.

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

∅

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

Some plan to use ideas activities w/ teachers

Instructional Support Services Evaluation Form

Date: 8/8/19

Facilitator(s): Tim Clarke

Event: Lead Evaluator

District/School:

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:

Thanks for mixing it up!

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

updated 11/2010

Instructional Support Services Evaluation Form

Date: _8/8/19_   Facilitator(s): _Tim Clarke_

Event: _Lead Evaluator Refresher_ District/School: _Scio_

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:

Updates and overall Practice

I received:

What I expected with further conversation that generated thought and considerations for current Practice.

After this workshop I plan to:

meet w/ my admin team

I still need:

Time with my team outside of this workshop to apply future considerations & ideas.

Comments:

updated 11/2010

Instructional Support Services Evaluation Form

Date: _8-8-19_ Facilitator(s): _Tim Clarke_

Event: _Lead Eval Refresher_ District/School: _Scio_

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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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:

1) To hear about the most current updates/ changes to APPR
2) review of effective eval

I received:

All I expected + time to practice aligning evidence to rubric.

2) Sample quotes for card activity

After this workshop I plan to:

- run some ideas of teacher PD focused on eval of teaching + learning

I still need:

Comments:

Thank you!

updated 11/2010

Instructional Support Services Evaluation Form

Date: 8/8/19

Event: APPR

Facilitator(s): Tim C.

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.

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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:

Nice fresh approach that was helpful. The materials will be helpful too!

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: _8/8/19_

Event: _Lead Evaluator_

Facilitator(s): _Clarke_

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.

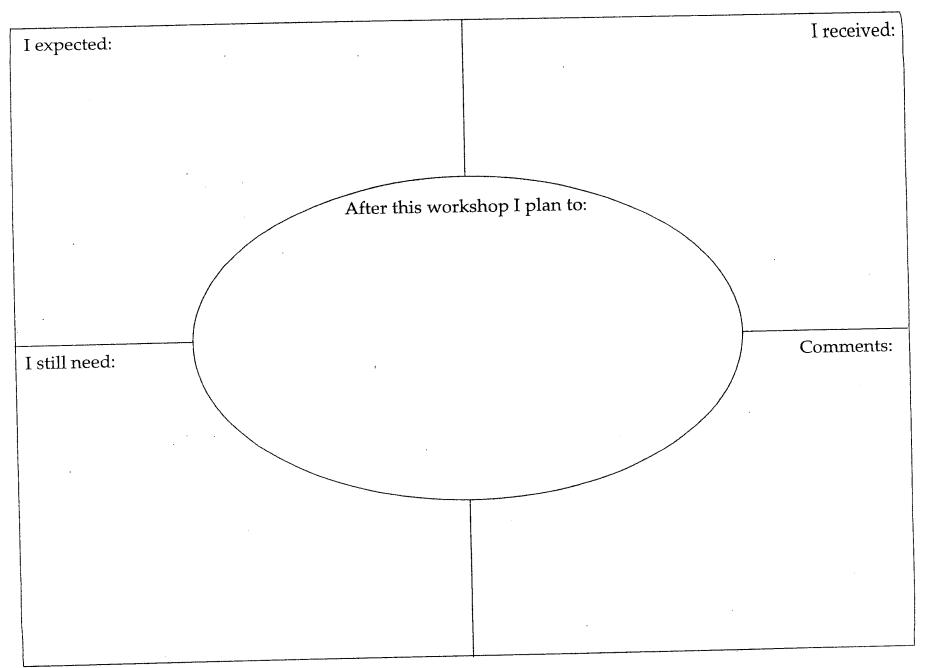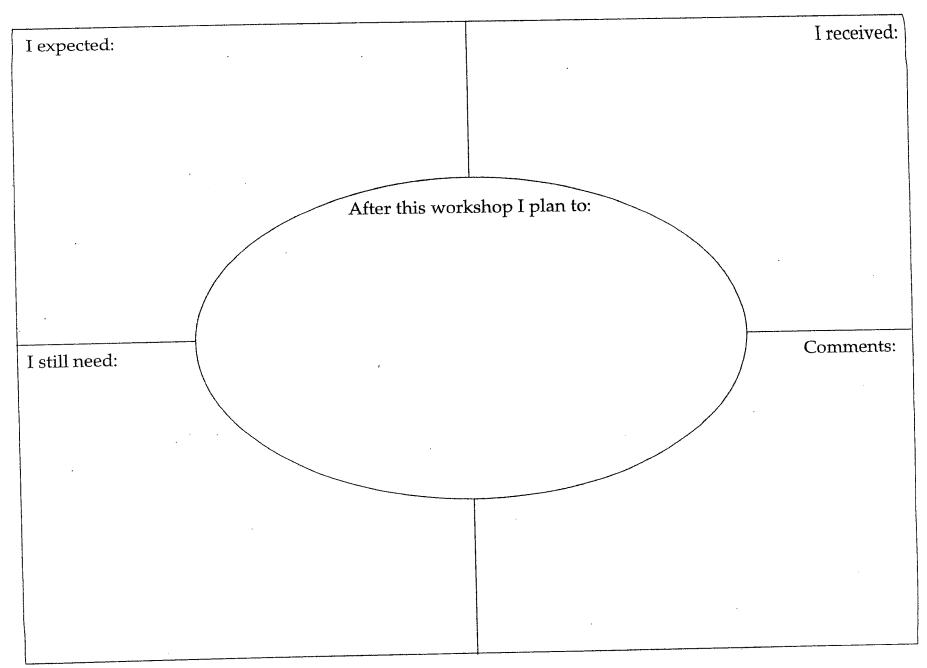|	Strongly Disagree	Disagree	Not Certain	Agree	Strongly Agree
1. The workshop clearly addressed the stated outcomes.	1	2	3	4	5
2. The information presented was meaningful to me.	1	2	3	4	5
3. The facilitator promoted a positive learning environment.	1	2	3	4	5
4. The workshop will impact how I work to improve student learning.	1	2	3	4	5
5. I would recommend this learning opportunity.	1	2	3	4	5

Please comment:

Thanks ~~so~~ Tim.

Great to reconnect with the basic of evaluation. We have things to think about regarding our own process... thanks for making me think.

Comments:

I still need:

After this workshop I plan to:

I received:

I expected:

Instructional Support Services Evaluation Form

Date: 8/8/19

Facilitator(s): Tim Clarke

Event: Lead Eval. Refresher

District/School: Belfast

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 so much for changing up the training!

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

updated 11/2010

Instructional Support Services Evaluation Form

Date: _8/8/19_

Event: _APPR Refresher_

Facilitator(s): _Tim Clarke_

District/School: _B-R_

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:

updated 11/2010

Instructional Support Services Evaluation Form

Date: 8/8/19

Event: APPR Eval

Facilitator(s): Tim Clark

District/School: BRCS

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:

updated 11/2010

Instructional Support Services Evaluation Form

Date: 8/8/19

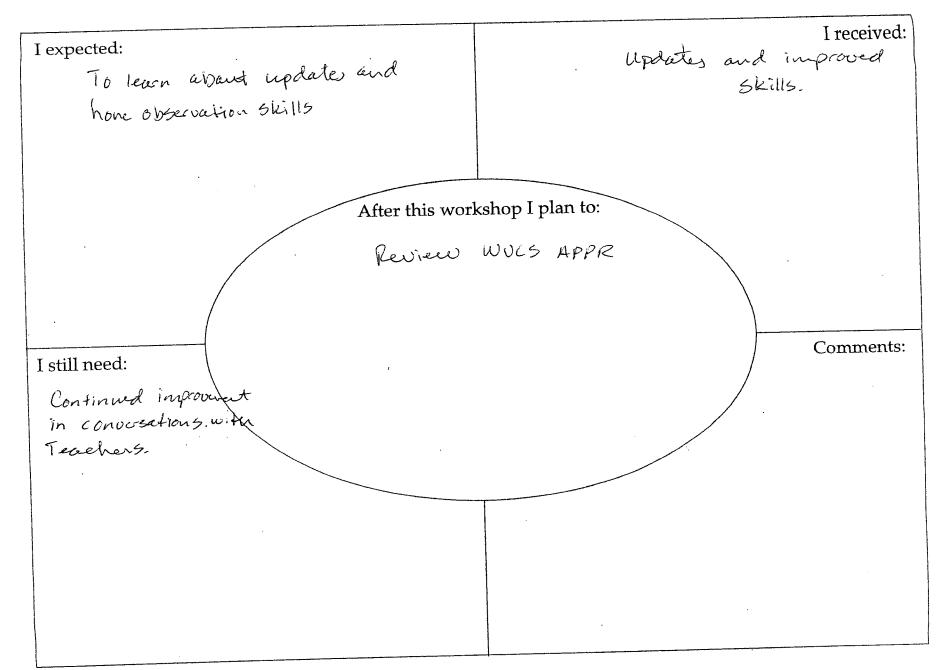Facilitator(s): Tim Clark

Event: APPR Refresher

District/School: B-R CSD

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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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:

Nice Refresher overall.

Thanks

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

updated 11/2010

Instructional Support Services Evaluation Form

Date: 8/8/19

Facilitator(s): Tim Clarke

Event: APPR Refresher

District/School: BRCS

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 Tim !!

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

updated 11/2010

Instructional Support Services Evaluation Form

Date: 8/6/19

Facilitator(s): Tim Clark

Event: APPR Refresher
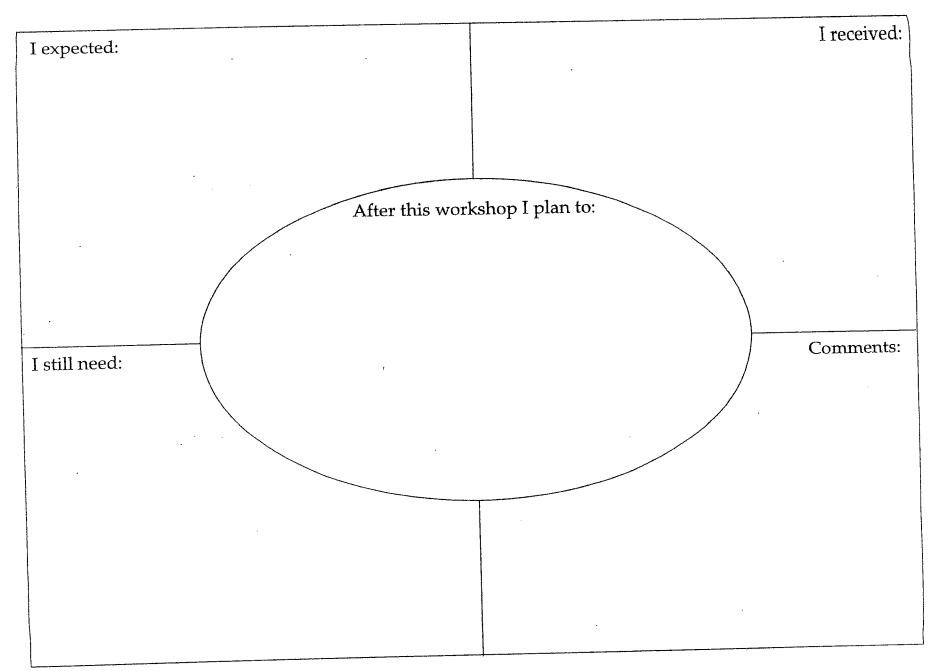
District/School: West Valley

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:

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_____

I expected:

To learn about updates and
hone observation skills

I received:

Updates and improved
skills.

After this workshop I plan to:

Review WVCS APPR

Comments:

I still need:

Continued improvement
in conversations with
Teachers.

Instructional Support Services Evaluation Form

Date: 8/8/19

Event: Lead Evaluator

Facilitator(s): Jim Clarke

District/School: CA ISS

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.

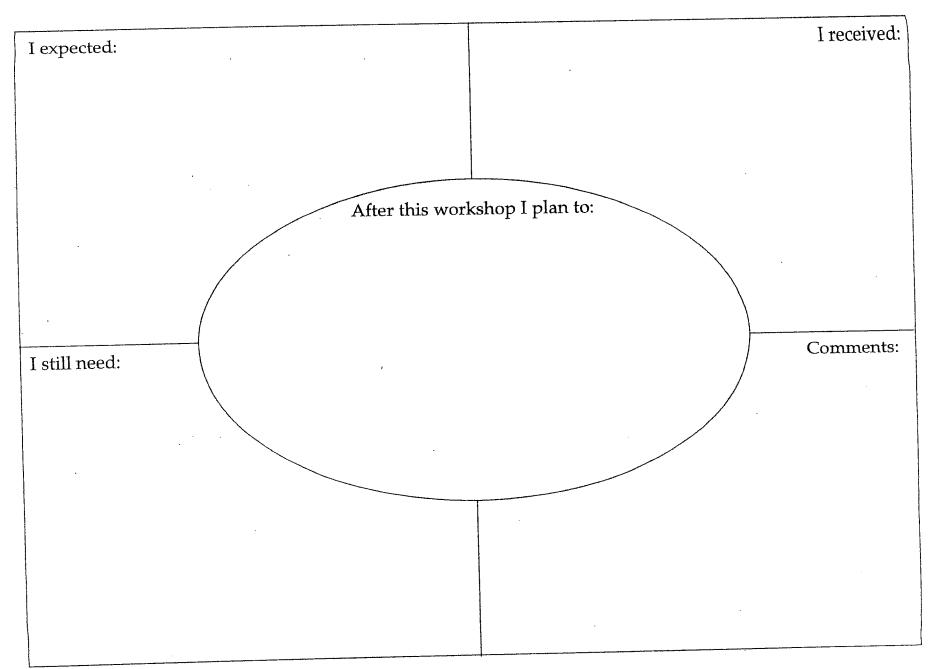|	Strongly Disagree	Disagree	Not Certain	Agree	Strongly Agree
1. The workshop clearly addressed the stated outcomes.	1	2	3	4	(5)
2. The information presented was meaningful to me.	1	2	3	4	(5) !!
3. The facilitator promoted a positive learning environment.	1	2	3	4	(5)
4. The workshop will impact how I work to improve student learning.	1	2	3	4	5
5. I would recommend this learning opportunity.	1	2	3	4	(5)

Please comment:

Loved the revised format and opportunity to talk at length with table mates. Great job, as always!!

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

updated 11/2010

Instructional Support Services Evaluation Form

Date: _8/8_

Event: _APPR Refresher_

Facilitator(s): _T. Clark_

District/School: _EVL_

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 appreciate Tim's acknowledgment of the professional experience and capacity we all bring to the room.

Thank You!

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

updated 11/2010

Instructional Support Services Evaluation Form

Date: 8/8/19

Facilitator(s): Tim Clarke

Event: Lead Eval Refresher

District/School: Ellicottville

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:

Thank you for sharing resources with us! This will be helpful in the coming year(s)!

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 8/8/19
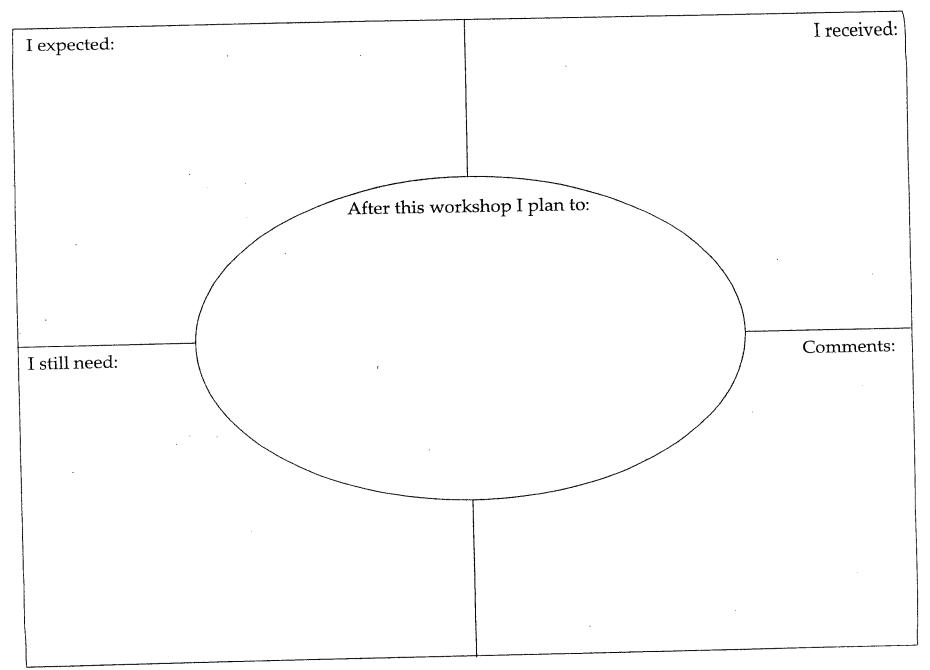
Facilitator(s): Tim Clarke

Event: Lead Evaluator

District/School: Randolph Academy
May Pauly

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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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 the great materials (Hattie) and ideas that I will implement in my school.

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 8/8/19

Event: APPR Refresher

Facilitator(s): Tim Clarke

District/School: RAUFSD

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:

I will use the Hattie quotes to help unpack the Marzano rubric w/ teachers. Also gained valuable insite into potential change/improvements in observation strategies

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 8/8/19

Event: Evaluator Refresh

Facilitator(s): Tim Clarke

District/School: Allegany-Limestone

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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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, Tim!

I expected:

To come together with my other admin with a common language for evaluation

I received:

Great resources

After this workshop I plan to:

To evaluate with more fidelity and a focus on improvement in instruction

I still need:

To get more proficient at evals

Comments:

Thank you!

updated 11/2010

Instructional Support Services Evaluation Form

Date: 8/8/19

Event: Inter. Reliability

Facilitator(s): Tim Clarke

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:

Nice job!

I expected:

To check & improve

I received:

Just that

After this workshop I plan to:

Keep on Keepin on

I still need:

To continue
to check
and practice

Comments:

None

Instructional Support Services Evaluation Form

Date: 8.8.14

Event: Head Evaluator Refresher

Facilitator(s): Tim Clarke

District/School: Ct 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)	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:

Provide my observation notes to teachers prior to the post-conference

Comments:

I still need:

to develop
a content specific
vocabulary list
to use as a resource

Instructional Support Services Evaluation Form

Date: 8 AUG 19

Event: Evaluator Refresh

Facilitator(s): Tim Clarke

District/School: Allegany - Limestone

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:

_____

_____

_____

I expected:

updates

I received:

updates + practice

After this workshop I plan to:

give teachers copies of scripts before post conference

I still need:

Comments:

updated 11/2010

Instructional Support Services Evaluation Form

Date: 8/8/19

Event: Lead Eval Refresher

Facilitator(s): Clarke

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
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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:

This was very helpful as someone who will be doing evaluation for the first time.

I expected:

I received:

After this workshop I plan to:

I still need:

Comments: