

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s) 10/9/19

Instructor(s) Jillian Pittman

Please print clearly.

Name Eileen Childs

Job Title School Psychologist

Agency/Organization [Redacted]

or School District/School Name Wellsville

Address Work Home _____

City _____ State/Province _____ Zip/Postal Code _____

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?
Practicing the circles

2. What did you like least about this experience?
Nothing.. All good!

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.
Restorative questions will be used daily when dealing with students

- 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 Eileen T. Childs Date 10/9/19

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s) 10/9/19

Instructor(s) Jill Putnam

Please print clearly.
Name Jeffrey Joslyn

Job Title Teacher

Agency/Organization or School District/School Name Wellsville CSD.

Address Work Home _____

City _____ State/Province _____ Zip/Postal Code _____

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?

I liked apply real life situations to this technique

2. What did you like least about this experience?

No issues

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 using the circle talk 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 Jeffrey Joslyn Date 10/9/19

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s) 10-9-19

Instructor(s) Pitman

Please print clearly.

Name Jennifer Parks Job Title teacher

Agency/Organization Wellsville Central School

School District/School Name Wellsville Central 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?

The real situations we ourselves can use circles for.

2. What did you like least about this experience?

Sharing can be hard.

Liked day 2 with a smaller group better.

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.

- Conflict resolution between students
- Reflect on content after a unit.

- 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 Jennifer Parks Date 10-9-19

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s) 10/9/19

Instructor(s) Sullivan Patnam

Please print clearly.

Name Caprice Murphy Job Title _____
 Agency/Organization Wellsville Elementary School
 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?

Hands-on examples that can be easily applied to practice.

2. What did you like least about this experience?

Having to speak about personal things

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.

Will use in classes, one on one and with family

- 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 Caprice Murphy Date 10/9/19

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s)

Instructor(s) Jillian Putnam

Please print clearly.

Name Lois Miller Job Title Teacher

Agency/Organization High School
or
School District/School Name _____

Address Work Home 295 W State

City Wellsville 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?

Self reflection

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 Lois Miller Date 10/9/17

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s) 10-9-19

Instructor(s) Tillian Paterson

Please print clearly.

Name Candice Hockford

Agency/Organization _____ Job Title Assistant Teacher

or School District/School Name Walbridge Secondary

Address Work Home 1010 W. State St.

City Walbridge

Country US State/Province NY Zip/Postal Code 14155

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?

I enjoyed working in the smaller groups. I also liked how I was able to create a circle based on a situation in my real life.

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 am going to use the circle technique with my athletes.

- 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 Candice Hockford Date 10-9-19

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s) 10/9/19

Instructor(s) Jill Putnam

Please print clearly.

Name Cathy Brown Job Title _____

Agency/Organization _____
or
School District/School Name Wellesville

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?

The examples of circles to use in the classroom

2. What did you like least about this experience?

Nothing.

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 circles with my content to get students thinking.

- 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 10/9/19

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s)

Instructor(s)

Please print clearly.

Name NIKE ARMSTRONG Job Title TECHNOLOGY TEACHER

Agency/Organization INDEPENDENCE SCHOOLS

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"/>
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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?

REAL LIFE PRACTICE

2. What did you like least about this experience?

SITTING SO MUCH

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 10/9/19

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
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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?

learn a variety of types of circles

2. What did you like least about this experience?

Nothing

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 what I have learned to help my students and myself

- 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 Jodi Lange Job Title MAIN TEACHER

Agency/Organization Waukegan CSD

Address Work Home _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

Phone _____ Work Home Mobile

Email (please print clearly) jlange@waukegan.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"/>
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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?

Working w/ colleagues

2. What did you like least about this experience?

sitting in circles the whole time

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.

personal w/ family

- 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 Jodi Lange Date 10/9/19

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s) _____

Instructor(s) _____

Please print clearly.

Name MC Hooper Job Title Teacher

Agency/Organization Wellsville
or
School District/School Name _____

Address Work Home Wellsville, NY

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"/>
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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?

small group / being w/ trusted friends

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.

Asking questions in a diff. way

- 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 MC Hooper Date 10-7-19

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s) 10/9/19

Instructor(s) Jillian Putnam

Please print clearly.

Name Rhonda Farrand Job Title Teacher

Agency/Organization _____ or _____

School District/School Name Wellsville Central School/Secondary

Address Work Home 126 W State St

City Wellsville State/Province NY Zip/Postal Code 14895

Country USA

Phone (607) 641-8012 Work Home Mobile

Email (please print clearly) rfarrand@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"/>
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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 interaction among the group.

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.

Addressing topics with my students

- 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 Rhonda L Farrand Date 10/9/19

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s) 10/9/19

Instructor(s) Jillian Putnam

Please print clearly.

Name Ross Munson

Agency/Organization Wellsville High School

Job Title Teacher

or School District/School Name Wellsville High School

Address Work Home 126 West State St.

City Wellsville

State/Province NY

Zip/Postal Code 14850

Country USA

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 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 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?

Gave me ideas about effective circles

2. What did you like least about this experience?

Felt Rushed at times

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 take this information to enhance my Freshman Academic course

- 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 10/9/19

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s) 10/19/19

Instructor(s) Julian Polnam

Please print clearly.

Name Sandra Guba

Job Title HS teacher

Agency/Organization _____

or School District/School Name W. Middle School

Address Work Home 100 W. State St

City Waukesha

State/Province WI

Zip/Postal Code 53185

Phone 262-786-2122

Work Home Mobile

Email (please print clearly) squicker@wksu.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?

the small group setting wasn't intimidating

2. What did you like least about this experience?

expectation to implement

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.

assessment reflection circle

- 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 Sandra Guba

Date 10/19/19

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s) _____

Instructor(s) Jillian Putnam

Please print clearly.

Name Alyssa Christensen

Job Title Teacher

Agency/Organization _____

or School District/School Name _____

Address Work Home _____

City _____

Country _____

State/Province _____

Zip/Postal Code _____

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"/>
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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?

Small group, personal feel

2. What did you like least about this experience?

It was all enjoyable.

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.

General Music 7 - I've tried circles in the beg-
of the year + plan to restart them knowing more
in now.

- 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 Alyssa Christensen

Date 10/9/19

IIRP Professional Development Evaluation



Event Title Using Circles Effectively

Date(s) 10/9/19

Instructor(s) Jillian Putnam

Please print clearly.

Name Amy Thomas

Job Title 9th Special Ed.

Agency/Organization Wellsville Central School

or School District/School Name _____

Address Work Home 126 West State Str.

City Wellsville

State/Province NY

Zip/Postal Code 14895

Country Allegany

Phone 588-696-2182

Work Home Mobile

Email (please print clearly) athomas@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"/>
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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?

- Small group
Able to share more

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.

Continue to try to integrate vocab + circles into my room.

- 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 Amy Thomas

Date 10/9/19