

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?

Good refresher

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

Ø

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

Ø

Instructional Support Services Evaluation Form

Date: 10/25/19

Facilitator(s): Tim Clarke

Event: Eval Refresher

District/School: CABOLES

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.	<u>1</u>	2	3	4	<u>5</u>
2. The information presented was meaningful to me.	<u>1</u>	2	3	4	<u>5</u>
3. The facilitator promoted a positive learning environment.	1	2	3	4	<u>5</u>
4. The workshop will impact how I work to improve student learning.	1	2	3	4	<u>5</u>
5. I would recommend this learning opportunity.	1	2	3	4	<u>5</u>

Please comment:

Thanks Tim - It was great

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 10/25/2019

Facilitator(s): Tim Clarke

Event: Lead Evaluator Training

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.

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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:

Good activity. Appreciated the "Qualities of Effective Teachers" vlist.

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 10/25

Facilitator(s): Tim Clarke

Event: Lead Evaluator

District/School: CABOCES

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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5. I would recommend this learning opportunity.	1	2	3	4	5

Please comment:

Great Inter-Rater Activity

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 10/

Facilitator(s): Tim Clarke

Event: Lead Eval Training

District/School: Ellicottville BP Excep. Ed.

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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5. I would recommend this learning opportunity.	1	2	3	4	5

Please comment:

The exercise with the Index Cards was extremely helpful and useful.

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 10/25/19

Facilitator(s): Tim Clark

Event: Evaluator Training

District/School: CABOLES

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: 10-25-19

Facilitator(s): Tom Clarke

Event: Lead Evaluate Training

District/School: CA 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.

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Please comment:

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 10/25/2019

Facilitator(s): Tim Clonke

Event: Lead Evaluator Training

District/School: Sped-Boards

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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5. I would recommend this learning opportunity.	1	2	3	4	5

Please comment:

The activity was meaningful and engaged
my thoughts on elements of the domains

I received:

I expected:

After this workshop I plan to:

Comments:

I still need:

Instructional Support Services Evaluation Form

Date: 10.25.19

Facilitator(s): Tim Clarke

Event: Lead evaluator
refresher

District/School: CA-ROCES

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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5. I would recommend this learning opportunity.	1	2	3	4	<u>5</u>

Please comment:

Love that you constantly find new modalities to
deliver refresher course! Great job as always!

I expected:

I received:

After this workshop I plan to:

I still need:

Comments:

Instructional Support Services Evaluation Form

Date: 25 Oct 19

Facilitator(s): Tim Clarke

Event: Evaluator Refresher

District/School: CAROLAS

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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Please comment:

I expected:

I received:

After this workshop I plan to:

I still need:

Comments: