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## Blount County Schools Professional Development Evaluation Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title II Activity: Yes \_\_\_ No \_\_\_

Race: \_\_\_\_\_

School: \_\_\_\_\_

Gender: \_\_\_\_\_

Position: \_\_\_\_\_

In-Service Title: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

Please respond to the following:

	SD	D	N/A	A	SA
Likely to have a positive impact on my position					
Improved my knowledge of the academic subject(s) I teach					
Advanced my understanding of effective instructional strategies for improving student academic achievement					
Enhanced my knowledge of methods for teaching students with exceptional needs					
Presentation was aligned with state standards and assessments					
The facility arrangement was adequate					
The program was well organized					
The presenter(s) was/were well organized and communicated effectively					

Key: SD=Strongly Disagree      D=Disagree      N/A=Not Applicable      A=Agree      SA=Strongly Agree

What did you learn today that will be most beneficial to your position?

\_\_\_\_\_

What could have been done differently to better meet your needs?

\_\_\_\_\_

What are your overall feelings about this program or workshop?

\_\_\_\_\_

Necessary accommodations, including strategies for increasing access to the school and its activities, are made for equitable participation by all constituents regardless of disability or language spoken.

