

ARLINGTON PUBLIC SCHOOLS
EVALUATION OF PROFESSIONAL DEVELOPMENT WORKSHOPS

Date: _____ **Title:** _____
Presenter: _____

Kindly complete the following information about the workshop you attended. Please return this form to the workshop facilitator or to the Assistant Superintendent, 6th Floor, AHS.
Thank You

1. This workshop was a beneficial professional development experience.
Highly disagree 1 2 3 4 5 Highly Agree

2. This workshop offered information on an important topic.
Highly disagree 1 2 3 4 5 Highly Agree

3. Materials used in this workshop were appropriate and useful.
Highly disagree 1 2 3 4 5 Highly agree

4. The presenter was well prepared and knowledgeable.
Highly disagree 1 2 3 4 5 Highly agree

5. The most positive features of this workshop were: _____

6. Suggestions for improving this workshop include: _____

7. Suggested additional topics or leaders for future workshops are: _____

8. Other Comments: _____

***Optional:** Your Name: _____
Thank You. School/House: _____ Subject/Grade: _____