Professional Development Committee of the HASD 2006-2012

CONTINUING PROFESSIONAL EDUCATION LEARNING EXPERIENCE EVALUATION

PDE-3527 Sessions/Workshops

Nar Dat			Title of Activity Instructor(s)						
		ion of Activity	instructor (s)						
		Please respond to each item by circling the nu	ımber which best	descril	oes your	opinion.			
		(5=Excellent through	ugh 1= Poor).						
A.	Cou	Course/activity Content			llent	F	Poor		
	1.	Course/activity was well organized		5	4	3	2	1	
	2.	Course/activity objectives were clearly stated		5	4	3	2	1	
	3.	Activities/assignments were relevant to object	tives	5	4	3	2	1	
	4.	All necessary materials/equipment/resources							
		were provided or made readily available.		5	4	3	2	1	
		objectives? Please check as many as applicab Exam Project(s) Observation Other (please specify)	le.		Re	port	t/Lesson plan port n of implementation		
	6.	Additional Comments:							
В.	Coı	urse/activity Instruction		Exce	llent			Poor	
	1.	The manner of presentation of the material wa	as clear	5	4	3	2	1	
	2.	The instructor employed effective teaching							
	_	strategies/techniques		5	4	3	2	1	
	3.	The instructor was objective and equitably interacted with the class.		5	4	3	2	1	
	4	Additional Comments:							

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C. Questions

Please take a few moments to respond to the following questions. Your answers will greatly assist us in determining how to improve continuing Professional education course offerings.

E.	Additional Comments:
D.	Please list the date, location and names of people with whom you plan to share information from this PD activity.
6.	If not, can you recommend future instructors?
5.	If this course/activity is offered again, should the same instructor teach it?
4.	What changes would you recommend?
3.	Should this course/activity be offered again?
2.	What were the weaknesses?
1.	What were the strengths of this course/activity?