

**Professional Development Committee of the HASD
2006-2012**

**CONTINUING PROFESSIONAL EDUCATION LEARNING EXPERIENCE
EVALUATION**

PDE-3527

Sessions/Workshops

Name	Title of Activity
Dates	Instructor(s)
Description of Activity	

Please respond to each item by circling the number which best describes your opinion.

(5=Excellent through 1= Poor).

- A. Course/activity Content**
- | | Excellent | | | | 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 objectives | 5 | 4 | 3 | 2 | 1 |
| 4. All necessary materials/equipment/resources were provided or made readily available. | 5 | 4 | 3 | 2 | 1 |
| 5. Which form(s) of evaluation were used to assess your achievement of the learning experience's objectives? Please check as many as applicable. | | | | | |
| _____ Exam | _____ Unit/Lesson plan | | | | |
| _____ Project(s) | _____ Report | | | | |
| _____ Observation | _____ Plan of implementation | | | | |
| _____ Other (please specify) | | | | | |
| 6. Additional Comments: | | | | | |

- B. Course/activity Instruction**
- | | Excellent | | | | Poor |
|--|-----------|---|---|---|------|
| 1. The manner of presentation of the material was 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: | | | | | |

(FILL IN PAGE 2 ALSO, PLEASE)

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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.

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

E. Additional Comments: