



Professional Development Feedback Survey

Workshop: _____ Date: _____

General McLane School District is interested in your opinion of the professional development program that was provided for you. We will use this information to improve future professional development offerings. ***Please check your response and add your comment.*** Thank you.

1. To what degree will the information delivered in this session help you in your professional assignment? Please comment on how you will use this information to improve student achievement.

Very Helpful **Helpful** **Somewhat Helpful** **Not Helpful**

Comment:

2. To what degree was the workshop facilitator effective in facilitating this session? Please comment on the content knowledge and ability of the presenter to engage/motivate the audience.

Very Helpful **Helpful** **Somewhat Helpful** **Not Helpful**

Comment:

3. Please provide additional information, not already mentioned, that will help the district in its effort to improved the teaching and learning process. ***Use the back of this sheet if necessary.***

Comment: