



**FDLRS Florida SIM Initiative
SIM® PROFESSIONAL DEVELOPMENT EVENT INFORMATION
2011-2012**

All Florida certified SIM® professional developers should complete this form and submit the information to the FDLRS Administration/HRD Project within 30 days of completing the offering via online survey. Please combine the information from all participants who attended the professional development offering and submit a single **summary** entry.

Multiple titles need to be entered into separate surveys to reduce duplication of participant and student numbers.

Please complete the following information about your professional development offering:

Professional Development Category (**choose one**):

_____ Content Enhancement Routine _____ Learning Strategy _____ Strateroutine

Title: _____ Date: _____

Professional Developer's Name (up to four):

1. _____ 2. _____ 3. _____ 4. _____

FDLRS Associate Center: _____ District/County: _____

Please enter the number for each type of participant in attendance:

- | | |
|---|--|
| _____ Agency Personnel/Service Provider | _____ School Administrator |
| _____ Business/Industry | _____ School Counselor |
| _____ College/University Faculty | _____ School Support Staff |
| _____ Discretionary Project Personnel (FDLRS/FIN, etc.) | _____ State Personnel |
| _____ District Staff | _____ Teacher – English Language Learner |
| _____ Paraprofessional | _____ Teacher – ESE |
| _____ Parent | _____ Teacher – General Educator |
| _____ Professional Associations | _____ Other _____ |
| _____ Related Service Provider (SLP, OT, etc.) | |

Please select the types of needs assessment information you collected from your participants in order to determine a "need" for the participants to attend your PD offering (you may choose more than one):

- | | |
|-------------------------------|--|
| _____ None | _____ Student End of Course Assessments |
| _____ Application to Attend | _____ Student Performance Data |
| _____ IPDP | _____ Student Standardized Test Scores |
| _____ School Improvement Plan | _____ Other (include any additional category not listed above) |

Please select the processes you will utilize to support and verify implementation of the specific Content Enhancement Routine, Learning Strategy or Strateroutine.

- | | |
|---|---------------------------------------|
| _____ None | _____ Professional Learning Community |
| _____ Mentoring | _____ Web Resources (Blog) |
| _____ Coaching (Blended) | _____ Web Resources (Email) |
| _____ Coaching (Electronic) | _____ Web Resources (Discussion) |
| _____ Coaching (Face-to-Face) | _____ Web Resources (Wikis) |
| _____ Documentation of Student Implementation | _____ Other _____ |



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The Event Evaluation Form (*for use with participants*) is available for download on the FDLRS Administration/HRD SIM page: <http://fdlrshrd.nefec.org/SIM.aspx>.

Please enter the total number of participant responses for each question.

	SIM EVENT EVALUATION FORM	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
		1	2	3	4	5
Planning	1. Attendance at this professional development meets my professional growth interests and objectives.					
	2. The agenda topics are relevant to my current position.					
Learning	3. The professional development was successfully delivered and modeled effective instructional practices while respecting adult learning theories.					
	4. The professional development learner outcomes were clearly communicated, presented, and accomplished.					
Content	5. The content was logical and contained adequate detail.					
	6. The information was clear.					
	7. There was the right amount of examples.					
	8. As a result of this professional development, I have sufficient background knowledge to effectively problem solve questions regarding implementation of the Routine, Strategy or Strateroutine.					
	9. The Routine, Strategy or Strateroutine presented will be useful in my classes or work environment.					
	10. The feedback and activities provided by the presenter(s) helped me better understand the concepts of the Routine, Strategy or Strateroutine.					
Implementing	11. I plan to implement the SIM Routine, Strategy or Strateroutine learned during this professional development to impact my classroom instruction and student achievement.					
	12. I plan to access and utilize materials and resources provided during this professional development to enhance my classroom instruction and improve student achievement.					
	13. I plan to participate in the follow-up sessions scheduled after this initial session.					
Evaluating	14. I believe this Routine, Strategy or Strateroutine will have a positive impact on student performance.					



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18. The strongest features of this SIM Professional Development event were:

19. To make the next SIM Professional Development event more effective, please:

20. Please list any additional comments, questions, concerns, and/or suggestions.

Please enter the total number of participant responses for each question.

© Florida Department of Education 2008	Not at All 1	← 2	3	4	5	6	Greatly →
1. To what extent did the training increase your knowledge?							
2. To what extent did the training meet its intended objectives?							

© Florida Department of Education 2008	Never 1	← 2	3	4	5	6	Always →
3. To what extent will you use what you learned from the training?							
4. To what extent will you recommend the training to others?							

**FDLRS Administration/HRD Project
Submit this completed form via online survey to:**

Survey Link: https://www.surveymonkey.com/s/2011-2012_SIM_PD_Event_Information_Summary