



FDLRS Florida SIM Initiative 2010-2011 SIM Professional Development Event Evaluation

Title: _____ Professional Developer(s): _____

Date(s): _____ Location: _____

		Strongly Disagree 1	2	3	4	Strongly Agree 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 Strategies, Routines, or Strateroutine.					
	9. The Strategies, Routines, 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 Strategies, Routines, or Strateroutine.					
Implementation	11. I plan to implement one or more SIM Strategies, Routines, 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.					
Evaluation	14. I believe this Strategy, Routines, or Strateroutine will have a positive impact on student performance.					

Please complete the questions on the back.



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Please provide additional feedback by responding to the questions below.

15. How do you plan to implement the strategies or routines learned at this SIM Professional Development event?

16. Do you need additional support and/or training? If so, please provide further information:

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

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

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

	Not at all	←————→	Greatly
1. To what extent did the training increase your knowledge?	1	2 3 4	5 6
2. To what extent did the training meet its intended objectives?	1	2 3 4	5 6
		←————→	
	Never		Always
3. To what extent will you use what you learned from the training?	1	2 3 4	5 6
4. To what extent will you recommend the training to others?	1	2 3 4	5 6

Thank you for your feedback!