

Professional Development Workshop/Activity
Evaluation Form

Staff Member's Name_____

Workshop/Activity Title_____

Date of Workshop/Activity_____

Where was workshop held?_____

How will you implement what you have learned in this workshop/activity in your classroom?

On a scale of 5 being very helpful and 1 being not helpful at all, how would you rate this workshop? (Circle one)

5 4 3 2 1

Do you feel that this workshop/activity would be of benefit to others? If so what group of individuals would you recommend it for?
