|  |  |
| --- | --- |
|  | Evaluation Form |
| ***Session Name*** |  |
| ***Date and Location*** |  |
| ***Presenter*** |  |

***Using the scale below, please rate the usefulness and the quality of the training session by circling the number that corresponds to your opinion. Space has been provided for your comments.***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Strongly Disagree |  | Strongly Agree |
| **USEFULNESS:****I will be able to make use of the content and modeling experienced in this institute.** | 1 | 2 | 3 | 4 | 5 |
| **QUALITY:****The institute was well organized and presented effectively.** | 1 | 2 | 3 | 4 | 5 |

**My major areas of growth resulting from this institute are**:

**The best part of this professional development was:**

**As a result of this professional development, I plan to:**

**I would like to know more about:**

**Additional reflections (you may use the back):**