

JEFFERSON CITY PUBLIC SCHOOLS  
Professional Development Evaluation

Title of Session: \_\_\_\_\_

Presenter: \_\_\_\_\_ Date: \_\_\_\_\_

Check position(s) in district: <input type="checkbox"/> Classroom teacher <input type="checkbox"/> Sp Ed services teacher <input type="checkbox"/> Support personnel <input type="checkbox"/> Administrator	Specialist: <input type="checkbox"/> Art <input type="checkbox"/> Music <input type="checkbox"/> PE <input type="checkbox"/> Library Media <input type="checkbox"/> Guidance <input type="checkbox"/> Parent Educator	Check session: <input type="checkbox"/> AM session <input type="checkbox"/> PM session <input type="checkbox"/> All-day session
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**Scale:**  
 5 – excellent      4 – above average      3 – average      2 – below average      1 – poor

**Please rate the following according to the scale above:**

1. My understanding of concepts presented increased as a result of this training.	5	UNDERSTANDING				
		4	3	2	1	
2. I can now apply what I learned in (classroom) practice.	5	APPLICATION				
		4	3	2	1	
3. I can transfer this learning to specific, current situations in my work and could explain my plan for doing so.	5	TRANSFER OF LEARNING				
		4	3	2	1	
4. I can implement strategies which will positively impact student achievement as a result of this professional development.	5	STUDENT ACHIEVEMENT				
		4	3	2	1	

  

Presentation		FOCUS				
1. Presenter(s) clearly focused professional development information and activities on increasing participants' understanding and application of classroom tools and strategies.	5	4	3	2	1	
2. Presenter(s) delivered the content in a way that was engaging and relevant.	5	4	3	2	1	

What will you do differently as a result of this session?

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Follow-up in this area need to include:

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Comments: \_\_\_\_\_

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