

**PROFESSIONAL DEVELOPMENT EVALUATION
DISTRICT AND BUILDING LEVEL
CENTRAL R-III SCHOOL DISTRICT**

Name of Inservice _____

Presenter _____ Date _____

Please answer the following questions by circling the number indicating your opinion,
(1 being not very effective and 5 very effective.)

Was your time well spent? 1 2 3 4 5

Did the material make sense to you? 1 2 3 4 5

Will this activity/experience/knowledge/
new skill be useful in your educational
responsibilities? 1 2 3 4 5

Will this activity/experience/knowledge/
new skill be useful in your classroom
with students? 1 2 3 4 5

Was the presenter/leader knowledgeable
and helpful? 1 2 3 4 5

Were your personal comfort needs met? 1 2 3 4 5

Explain how you are going to use this information to impact student performance.

How will you measure the effectiveness of the strategy explained above?

Name of the attendee _____

Please circle one: Elementary Middle School High School Administrator