



Hanover Public Schools

SUMMARY OF EVALUATIONS BY FACILITATORS

Please tabulate the responses and submit the compilation to the Professional Development Office.

Hold individual evaluation forms at the building or department level.

PROFESSIONAL DEVELOPMENT EVALUATION FORM

Title of Course/Workshop: _____

Date: _____

1. To what extent do you feel the goals/objectives for this course/workshop were accomplished?
(Circle the appropriate number)

NOT AT ALL 1 2 3 4 5 6 7 COMPLETELY

Comments:

2. How would you rate the overall effectiveness of the experience/ instructor(s)—preparation, style, methods, rapport—for this courses/workshop? (Circle the appropriate number)

INEFFECTIVE 1 2 3 4 5 6 7 VERY EFFECTIVE

Comments:

N/A for this workshop or meeting ☐

3. To what extent do you feel this course/workshop was relevant and meet some of my professional needs?
(Circle appropriate number)

NOT AT ALL 1 2 3 4 5 6 7 COMPLETELY

Comments:

4. What suggestions do you have for improving this course/workshop?

5. In retrospect, would you still choose to attend this course/workshop? (Circle one response)
 YES NO MAYBE

6. What, if any, suggestions do you have for additional courses/workshop which might be organized in the future?

7. Other comments?