



Washington State Migrant Education Program

EVALUATION

Workshop/Course Title: _____
 Instructor: _____

Session ID#: _____
 Date: _____

PLEASE INDICATE

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Administrator/Building | <input type="checkbox"/> Community/Support Services | <input type="checkbox"/> Classified/Support Staff | <input type="checkbox"/> Counselor/Psychologist |
| <input type="checkbox"/> Gifted Ed Specialist | <input type="checkbox"/> Intern | <input type="checkbox"/> Parent | <input type="checkbox"/> Prevention Specialist |
| <input type="checkbox"/> Related Services | <input type="checkbox"/> Student | <input type="checkbox"/> Teacher, Regular Ed. | <input type="checkbox"/> Teacher, Special Ed. |
| <input type="checkbox"/> Recruiter | <input type="checkbox"/> Records Clerk | <input type="checkbox"/> Recruiter/Records Clerk | <input type="checkbox"/> Other |

YOUR LEVEL

- | | | | |
|---|--------------------------------------|---|--|
| <input type="checkbox"/> Birth – three | <input type="checkbox"/> Preschool | <input type="checkbox"/> Primary | <input type="checkbox"/> Intermediate |
| <input type="checkbox"/> Gifted Ed Specialist | <input type="checkbox"/> Intern | <input type="checkbox"/> Parent | <input type="checkbox"/> Prevention Specialist |
| <input type="checkbox"/> Middle | <input type="checkbox"/> High School | <input type="checkbox"/> Not Applicable | |

PLEASE RATE <i>5 = Strongly Agree (SA) 1 = Strongly Disagree (SD) NA = does Not Apply.</i>	SD				SA	NA
How well did this course meet your needs?	1	2	3	4	5	NA
1. This workshop/course met the stated objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The content of this workshop/course could directly improve my professional skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Attending this workshop/course was worth my time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The workshop/course met the skill level of the intended participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The opportunities for interaction were appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Opportunities were provided for reflection and/or quality practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I would recommend this workshop/course to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the instructor meet your expectations?						
8. The instructor skillfully presented the workshop/course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The instructor was qualified and knowledgeable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will this course help you improve student achievement?						
10. The content of the workshop/course will help me meet the social, emotional and/or academic needs of my students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The workshop/course content is connected to my school or district improvement plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the materials support your learning?						
12. The print/non-print materials were of high quality and appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The presentation and materials supported diversity appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Technology was appropriately used to support the workshop/course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How was your overall experience?						
15. The facilities were appropriate for the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The registration process went smoothly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

17. The strengths of this workshop/course were: _____

18. Additional suggestions for improving this workshop/course: _____

