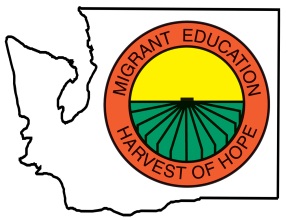
** Washington State Migrant Education Program**

EVALUATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Workshop/Course Title**: | **Teaching Writing in the Content Area** | **Session ID#:** |  |
| **Instructor:** |  | **Date** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PLEASE INDICATE:** |  | | | |  | |  |
| ❑ Administrator/Building | | ❑ Community/Support Services |  | ❑ Classified/Support Staff | | ❑ Counselor/Psychologist | |
| ❑ Gifted Ed Specialist | | ❑ Intern |  | ❑ Parent | | ❑ Prevention Specialist | |
| ❑ Related Services | | ❑ Student |  | ❑ Teacher, Regular Ed. | | ❑ Teacher, Special Ed. | |
| ❑ Recruiter | | ❑ Records Clerk |  | ❑ Recruiter/Records Clerk | | ❑ Other | |

**YOUR LEVEL:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ❑ Birth – three | ❑ Preschool |  | ❑ Primary | ❑ Intermediate |
| ❑Gifted Ed Specialist | ❑ Intern |  | ❑ Parent | ❑ Prevention Specialist |
| ❑ Middle | ❑ High School |  | ❑ Not Applicable |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PLEASE RATE *1= Strongly Disagree (SD) 5 = Strongly Agree (SA) NA = Does Not Apply.*** | **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. | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. The content of this workshop/course could directly improve my professional skills. | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. Attending this workshop/course was worth my time. | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. The workshop/course met the skill level of the intended participants. | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. The opportunities for interaction were appropriate. | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. Opportunities were provided for reflection and/or quality practice. | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. I would recommend this workshop/course to others. | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
|  |  |  |  |  |  |  |
| **Did the instructor meet your expectations?** |  |  |  |  |  |  |
| 1. The instructor skillfully presented the workshop/course. | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. The instructor was qualified and knowledgeable. | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
|  |  |  |  |  |  |  |
| **Will this course help you improve student achievement?** |  |  |  |  |  |  |
| 1. The content of the workshop/course will help me meet the social, emotional and/or academic needs of my students. | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. The workshop/course content is connected to my school or district improvement plan. | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
|  |  |  |  |  |  |  |
| **Did the materials support your learning?** |  |  |  |  |  |  |
| 1. The print/non-print materials were of high quality and appropriate. | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. The presentation and materials supported diversity appropriately. | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. Technology was appropriately used to support the workshop/course. | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
|  |  |  |  |  |  |  |
| **How was your overall experience?** |  |  |  |  |  |  |
| 1. The facilities were appropriate for the program. | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| 1. The registration process went smoothly. | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |

**COMMENTS**

1. The strengths of this workshop/course were:
2. Additional suggestions for improving this workshop/course: