WARREN COUNTY SCHOOLS
Staff Development Workshop Evaluation Form

Thank you for participating in this staff development workshop. Please complete this form, as your input will be helpful in our planning for future professional development activities.

Rating Scale:	**1**	**2**	**3**	**4**	**5**
	Poor	**Fair**	**Good**	**Very Good**	**Excellent**

Session Title: _____

Lead Presenter: _____

1. **Relevance of Topic** _____
2. **Organization, knowledge & planning of presenter(s)** _____
3. **Presentation of content (interesting & effective)** _____
4. **Extent to which session contributed to professional growth** _____
5. **Quantity & quality of materials and handouts** _____
6. **Opportunities for interaction & questions with presenter(s)** _____
7. **Extent to which the session began and ended on time** _____
8. **Extent to which I see the use of this training in the future** _____

Comments: _____
_____
_____
_____

Date_____ Time in Session _____