Auburn School District #408 **Program Evaluation Form Summary**

Title of In-service: Location:	Meetings 1			Oate(s):Vari es			
Type of In-service:	☐ Building-Determined☐ LID Otherx_OPTIONA		☐ Optional Day ☐ Waiver Day				
Your Position:	☐ Teacher (check one): ☐ Elementary ☐ Middle Scho	ool	☐ Central Administrator ☐ Building Administrator ☐ Specialist ☐ Other				
Total Number of Respon	nses: <u>17</u>	_					
Indicate your agreement	with each of the following	ng statement	s by circling t	he appropriat	e number.		
		Strongly Agree	Somewhat Agree	Undecided	Somewhat Disagree	Strongly Disagree	Not Applicable
1. The course met the stated objectives.		10	7				
2. The activities related to and supported the stated objectives.		10	7				
3. The instructor(s) skillfully presented the material and was responsive to the audience.		13	4				
4. The instructor(s) was well prepared.		12	5				
5. The instructor(s) was well qualified and knowledgeable.		14	3				
The materials provided were useful for improving instruction.		11	6				
7. The written and/or electronic materials were relevant and of high quality.		12	4				1
8. The information was applicable and relevant to improving student learning.		11	6				
9. The information presented is easily applied to the classroom.		10	7				
10. The presentation included strategies that met the needs of diverse learners.		10	4		2		1
11. The overall program was excellent.		10	6				1
Please provide any ne	ation was of greatest values	ould improv	ve this in-serv ☐ Enhance prese		f repeated		
☐ Increase pacing Prov	vide greater time for Question	ning/Applicabl	e practice	Information nee	ds greater depth	of knowledge	
☐ Align better with Distri	ct or Building strategic plan	☐ Other	or vour feedba	ck!			_