Auburn School District #408

Program Evaluation Form Summary

Title of In-service: MS CIA **Date(s):**
Location: JPF **Varies**

Type of In-service: ☐ Building-Determined 21 Hours ☐ Optional Day
☐ LID ☐ Waiver Day
Other ___x_OPTIONAL_____

Your Position: ☐ Teacher (check one): ☐ Central Administrator
☐ Elementary ☐ Building Administrator
☐ Middle School
☐ High School ☐ Specialist
☐ Other _____

Total Number of Responses: 6

Indicate your agreement with each of the following statements by circling the appropriate number.

	Strongly Agree	Somewhat Agree	Undecided	Somewhat Disagree	Strongly Disagree	Not Applicable
1. The course met the stated objectives.	3	3				
2. The activities related to and supported the stated objectives.	3	3				
3. The instructor(s) skillfully presented the material and was responsive to the audience.	4	2				
4. The instructor(s) was well prepared.	3	3				
5. The instructor(s) was well qualified and knowledgeable.	4	2				
6. The materials provided were useful for improving instruction.	3	3				
7. The written and/or electronic materials were relevant and of high quality.	4	2				
8. The information was applicable and relevant to improving student learning.	4	2				
9. The information presented is easily applied to the classroom.	4	2				
10. The presentation included strategies that met the needs of diverse learners.	2	4				
11. The overall program was excellent.	3	3				

What specific information was of greatest value to you?

Please provide any necessary feedback that would improve this in-service offering *if repeated*

☐ Improve Facilities Modify activities for greater interaction ☐ Enhance presentation skills

☐ Increase pacing Provide greater time for Questioning/Applicable practice ☐ Information needs greater depth of knowledge

☐ Align better with District or Building strategic plan ☐ Other _____

Thank you for your feedback!