

Marshall County Evaluation Form

Staff Development

We hope this workshop has been rewarding professionally and personally. Please take a few moments to provide feedback about this session.

NAME: -optional- _____

DATE: _____ HOME SCHOOL: _____

PROGRAM TITLE: _____

This session provided valuable information that will enhance my teaching (CIRCLE ONE):

1 2 3 4
Low High

Overall I rated this session (CIRCLE ONE):

1 2 3 4
Low High

I would like to know more about . . .

As a result of this session I plan to . . .

Something I would have changed was . . .
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I would like professional development on the following topics . . .
