

# CSPD Inservice Evaluation (Outcome)

Region \_\_\_\_\_

Inservice Title \_\_\_\_\_ Presenter \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_

**Your Role**

<input type="checkbox"/> Superintendent	<input type="checkbox"/> Principal	<input type="checkbox"/> Curriculum Coordinator	<input type="checkbox"/> Pre-K Provider
<input type="checkbox"/> Teacher	<input type="checkbox"/> Paraprofessional	<input type="checkbox"/> Special Education Teacher	<input type="checkbox"/> Consortium Director
<input type="checkbox"/> Support Staff	<input type="checkbox"/> Specialist	<input type="checkbox"/> Special Education Director	<input type="checkbox"/> State Agency Staff
<input type="checkbox"/> Parent	<input type="checkbox"/> Community-Based Organization Member		<input type="checkbox"/> Other _____

**At what level do you work?**    K   1   2   3   4   5   6   7   8   9   10   11   12   Postsecondary   Adult  
 (circle all that apply)

**Your school district is located in what Montana county?** \_\_\_\_\_

**Is your attendance at this workshop (circle one)**                      mandatory                      voluntary

**Are you attending this workshop (circle one)**                      with a team                      alone

CONTENT	Strongly Agree	Neutral	Strongly Disagree			
Presenter demonstrated thorough knowledge of the topic.	5	4	3	2	1	
I learned more than I already knew on this topic.	5	4	3	2	1	
I will be able to apply what I learned.	5	4	3	2	1	
The content addresses one or more of my priorities for improvement.	5	4	3	2	1	unknown
The content addresses one or more of my organization's priorities for improvement.	5	4	3	2	1	unknown
<b>PROCESS</b>						
The teaching techniques used helped my learning.	5	4	3	2	1	
The materials used helped or enhanced my learning.		5	4	3	2	1
I was given an opportunity to practice using the new ideas.		5	4	3	2	1
The time allotted for the topic covered was appropriate.	5	4	3	2	1	
<b>FACILITIES</b>						
The facilities were appropriate.	5	4	3	2	1	
(If you are disabled.) The accessibility and accommodations met your needs.	5	4	3	2	1	n/a
Would you recommend this session to a colleague?	Yes		No			

**What strategies did you acquire** from this activity that you might find useful in your work or perhaps intend to implement in your work?

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**Comments/Suggestions:** (over)

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