

Session Title:

Session ID:

End Date:

Participant Information:

Position:

I learned about this professional development through:

☐

Printed Catalog

☐

Flyer/Brochure

☐

Word of Mouth

☐

Internet

☐

From My district

Other

Part1: Please rate this training in terms of the following scale.

1. The Presenter demonstrated a thorough knowledge of subject matter.

☐

Strongly Agree

5.0

☐

Agree

4.0

☐

Disagree

3.0

☐

Strongly Disagree

2.0

☐

Not Applicable

1.0

2. Instructional techniques used during training contributed to a quality learning experience.

☐

Strongly Agree

5.0

☐

Agree

4.0

☐

Disagree

3.0

☐

Strongly Disagree

2.0

☐

Not Applicable

1.0

3 . I would recommend this session to a colleague.

☐

Strongly Agree

5.0

☐

Agree

4.0

☐

Disagree

3.0

☐

Strongly Disagree

2.0

☐

Not Applicable

1.0

Session Title:

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Part2: Please Complete the following statements:

4. As a result of the session, I initiated the following action:

5. Describe additional support you need from Region 4 Education Service Center in the following area:

Training:

Products:

Services:

--Optional--

We would like to share your comments about us with other customers. Please indicate if we have your permission to use comments on future promotional materials and /or the Region 4 website.

☐

Yes

☐

No

If you are willing, we would like to credit you by name and district when your comments are used. Please complete the following if you are agreeable to allowing us to use your name and district with comments you have us on this form

Name

District

Phone

Email