

Professional Development Evaluation Participant Reflection

Name of Activity: _____

Date of Activity: _____

	Strongly Disagree	Disagree	Agree	Strongly Agree
This session could positively impact the area I teach.	1	2	3	4
This session helped me to better understand the concepts that were presented.	1	2	3	4
The presenters were well-prepared and adequately conveyed their knowledge of the material presented.	1	2	3	4
The presenters provided adequate resources for follow-up if I need additional information/support.	1	2	3	4
I would recommend this session to a colleague.	1	2	3	4

Comments / Ideas / Suggestions for future workshops:
