# Minnesota Project Learning Tree logoProject Learning Tree®

# Professional Development Evaluation

| Date(s):  |
| --- |
| Location (City, State): |
| Facilitator(s):  |

Directions: Please read each statement and select the response that best describes your experience.

| Setting | Disagree  | Neutral  | Agree | Not Applicable |
| --- | --- | --- | --- | --- |
| 1. The workshop location was easy for me to get to.
 | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The amenities at the workshop location met my needs.
 | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The workshop setting was conducive to my learning.
 | 1 | 2 | 3 | 4 | 5 | n/a |
| Materials |  |  |  |  |  |  |
| 1. The PLT guides(s) meet the academic standards important to my school or audience.
 | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The PLT guide(s) helped me to learn the content.
 | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. Doing the PLT activities during the workshop helped me to learn the content.
 | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The information presented helped me to learn the content.
 | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The handout(s) helped me to learn the content.
 | 1 | 2 | 3 | 4 | 5 | n/a |
| Facilitator |  |  |  |  |  |  |
| 1. The facilitator demonstrated respect for all workshop participants.
 | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The facilitator appeared to be knowledgeable about PLT and its activities.
 | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The facilitator appeared to be knowledgeable about the session content.
 | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The facilitator was prepared to host the workshop.
 | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The facilitator used instructional strategies to support my learning.
 | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The facilitator effectively demonstrated how to conduct each activity.
 | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The facilitator asked debriefing questions at the end of each activity.
 | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The facilitator provided adequate time for me to plan how to integrate PLT into my curriculum or programs.
 | 1 | 2 | 3 | 4 | 5 | n/a |
| Overall |  |  |  |  |  |  |
| 1. The workshop was fun.
 | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The workshop met my needs.
 | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. I felt engaged throughout the workshop.
 | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. I feel prepared to use PLT activities with my students.
 | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. I plan to use PLT with my students within the next 3 months.
 | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. I would like to participate in additional PLT professional development.
 | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. I will recommend this workshop to a colleague.
 | 1 | 2 | 3 | 4 | 5 | n/a |
| Comments? |  |  |  |  |  |  |

Optional: Contact Information ***(if you would like to be contacted regarding your workshop evaluation OR if you would like to become a workshop facilitator)***

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_