# 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_