

Title of Training – 1-10
Date of Training
Location of Training
Sponsored by Information

- Your primary role as it applies to this training:
- | | |
|--|---|
| <input type="checkbox"/> Superintendent | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Special Ed/Co-op Director | <input type="checkbox"/> Title I Teacher |
| <input type="checkbox"/> Special Education Teacher | <input type="checkbox"/> Consortium Director |
| <input type="checkbox"/> Librarian/Media Specialist | <input type="checkbox"/> State Agency Staff |
| <input type="checkbox"/> Gifted and Talented Staff | <input type="checkbox"/> Early Childhood Educator |
| <input type="checkbox"/> Other (specify) _____ | |
| <input type="checkbox"/> Support Staff (administrative assistant, bus driver, custodial staff, food service staff) | |
| <input type="checkbox"/> Specialist (SLP, OT, PT, School Psych, School Counselor, Interpreter) | |

- At what level do you work? (check all that apply)
- Birth-3 PRE-K K-5 6-8 9-12 K-8 K-12 Post Sec Adult

Do you work in a school that receives Title I funds and is identified for improvement, corrective action or restructuring? Yes No

Your school district is located in what Montana county? _____

- Is your attendance at this workshop (check one) mandatory voluntary
 Are you attending this workshop (check one) with a team alone

CONTENT	Strongly Agree	3	2	Strongly Disagree
Overall, the presenters demonstrated thorough knowledge of the topic.	4	3	2	1
The content presented was aligned with my needs.	4	3	2	1
I will be able to apply what I learned.	4	3	2	1
The workshop hands-on activities were useful.	4	3	2	1
There was an opportunity for collaborative learning with other participants.	4	3	2	1
PROCESS				
The teaching techniques used helped my learning.	4	3	2	1
The materials used helped or enhanced my learning.	4	3	2	1
The training activities were designed for diverse learning styles.	4	3	2	1
The time allotted for the topic covered was appropriate.	4	3	2	1
FACILITIES				
The workshop facilities were adequate.	4	3	2	1
Would you recommend this session to a colleague?	Yes		No	

Level II

Format:

Title of Training – 1-10
Date of Training
Location of Training
Sponsored by Information

For each of the following statements, indicate how you would rate your knowledge level at the end of the session. Please circle a response:

	Strongly Agree			Strongly Disagree
Objective 1	4	3	2	1
Objective 2	4	3	2	1
Objective 3	4	3	2	1
Objective 4	4	3	2	1
Objective 5	4	3	2	1
Objective 6	4	3	2	1

As a result of participating in this workshop, list two strategies you can implement in your setting to improve student/child/client outcomes:

For future programs, what topics would be most helpful in performing your job?

What changes or improvements would you suggest to the:
 Presenter?

Organizer?

What additional resources, trainings, or supports do you need for implementing these strategies?

Any other comments?