

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			Strongly Disagree
The facilitator demonstrated thorough knowledge.	4	3	2	1
The support I received through this training was well-planned.	4	3	2	1
The facilitator modeled adult learning strategies I can use in my own practice.	4	3	2	1
There was an opportunity for collaborative learning with other workshop participants.	4	3	2	1
PROCESS				
The materials used helped or enhanced my learning.	4	3	2	1
The time allotted for the topic covered was appropriate.	4	3	2	1
The workshop facilitators overall effectiveness was high.	4	3	2	1
FACILITIES				
The workshop facilities were adequate.	4	3	2	1
Would you recommend this session to a colleague?	Yes		No	

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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.

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

Organizer?

What additional resources, trainings, or supports do you need to implement these strategies?

Any other comments?