

CSPD IMPACT EVALUATION Summary

Region _____

Sometime ago you participated in an inservice program. We are now conducting a **follow-up survey** of this training to establish its utility and relevance. Please complete the enclosed form and return to the person listed on the bottom of the page. Thank you for your participation.

1. **Name and date of inservice:** _____
2. **Years of experience:** _____ 0-2 _____ 3-5 _____ 6-10 _____ 10 or more
3. **Job title:** **Special Educator** _____ **General Educator** _____ **Title I** _____ **Administrator** _____
Parent: _____ **Paraeducator** _____ **Community Agency Personnel** _____
Related Service(PT,OT,SLP,Counselor) _____ **Other: Please list:** _____

Think about the inservice you completed. Circle the number, which tells how much you agree or disagree with the following statement.

	Definitely Yes		Definitely No
1. The inservice impacted the way I do my job.	1	2	3
2. The inservice has been useful and provided practical information	1	2	3
3. The inservice had application at the school/ organization level where I work.	1	2	3
4. The instructor(s) modeled skills I have since applied.	1	2	3
5. The training has made a difference for the students with whom I work.	1	2	3

Please respond to the following:

6. **Strengths of the inservice:** _____

7. **Recommendations for improving the inservice:** _____

8. **Please share an impact story about how this inservice made a difference to student(s) you work with(optional, but nice)** _____

Return to : _____ Fax : _____
 Address: _____

By(due date): _____