

CSPD IMPACT EVALUATION

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.	3	2	1	
2.	The inservice has been useful and provided practical information	3	2	1	
3.	The inservice had application at the school/ organization level where I work.	3	2	1	
4.	The instructor(s) modeled skills I have since applied.	3	2	1	
5.	The training has made a difference for the students/ children with whom I work.	3	2	1	

Please respond to the following:

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

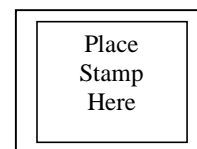
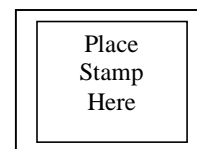
7. **Recommendations for improving the inservice:** _____

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

Fold and Return to : _____ Fax : _____

By(due date): _____

Site Coordinator Label
Address
City, State, Zip



Site Coordinator Label
Organization
Street Address
City, State Zip

