

CSPD Inservice Evaluation (Outcome)

Region _____

Training Title _____ Location _____ Date _____

Job title: Special Educator _____ General Educator _____ Title I _____ Administrator _____

Parent: _____ Paraeducator _____ Community Agency Personnel _____

Related Service(PT,OT,SLP,Counselor) _____ Other: Please list: _____

Please evaluate the value of this presentation using the following scale.

	Strongly Disagree	2	Neutral	4	Strongly Agree
	1	2	3	4	5

1. The trainer(s) was/were well prepared					
2. Questions and concerns were handled appropriately					
3. Participants were provided with periodic feedback and encouragement					
4. Visual aids/ handouts/ materials were useful and understandable					
5. The presenter(s) demonstrated a thorough knowledge of the subject matter.					
6. This activity provided new knowledge and/or skills.					
7. The activity provided the knowledge and skills to make a difference in my work					
8. After attending this activity, I would like additional information on the topic					
9. I will incorporate the proficiencies gained from this activity into my work					
10. This activity has significantly affected my professional growth.					

What strategies did you acquire from this activity that you might find useful in your work or perhaps intend to implement in your work

Comments/Suggestions: (over)
