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Professional Development Evaluation Form

Session Topic(s): _____ Presenter: _____

Date: _____ Time: _____ Length of Session: _____

Name: _____ Position Title//Role: _____

On the scale below, please rate your experience as a participant in this professional development.

	5 Strongly agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree	0 Not applicable
1. The session was carefully planned and of high quality.						
2. The content was adequately prepared and delivered by the presenter.						
3. The time was used effectively by the presenter.						
4. The resources given were immediately useful to my work.						
5. The presenter helped me gain new information and skills.						
6. The session met my expectations.						

If you disagree with any of the upper statements, please explain.

Please provide a brief response for each of the following questions.

1.	How will you apply what you have learned from this session?
2.	What additional training/support do you need to begin implementing the knowledge/strategies gained from this session?