

PD SESSION EVALUATION AND ATTENDEE FEEDBACK FORM



**Adult
Education**

Event Title

Location and Address

Event Day, Month, Date, Year (Start – End Times)

DIRECTIONS		EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	Rating Comments: Please provide comments below to help the presenter and those reviewing this evaluation better understand any topic assigned a 2 (Fair) or less rating.
Please complete an evaluation of this session. Your feedback will be provided to the presenter and used when planning future professional development events.							
TOPIC RATINGS	1. Overall, I am satisfied with workshop/training.	5	4	3	2	1	
	2. I am satisfied with the resources/toolkit I received at this workshop/training.	5	4	3	2	1	
	3. I have learned a new skill and/or resource that will assist me in doing my job more effectively and/or efficiently.	5	4	3	2	1	
	4. Pace and duration of the workshop	5	4	3	2	1	
	5. Ability of the presenter to engage participants.	5	4	3	2	1	
	6. If you rated the above questions 1-3, please provide additional feedback.						

SESSION FEEDBACK

7. What did you find most beneficial from attending this workshop?

8. Where will you or your faculty/program staff struggle with implementing or incorporating what was presented?

9. What workshop topic(s) should receive additional professional development emphasis or technical assistance? Please provide the rationale.

Program Role and Organization (OPTIONAL)

Thank you for taking the time to provide your feedback and comments.

*If you would like to receive a summary of the evaluations collected for this session,
please contact the program that organized the event.*