



Granite Falls School District
Staff Development Evaluation

Name	Position/Bldg
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Title of Workshop	Subject/Area
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Presenter	Date of Training/Workshop
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1. Did the presentation/workshop meet your expectations? Yes No
Why/why not?

2. How satisfied were you with the information you received from this workshop? (circle)
[Not Satisfied] 1 2 3 4 5 [Very Satisfied]

3. a) How are you going to use this strategy/skill in your classroom?

b) How will this improve student learning?

c) How will you know this has improved student learning?

4. Would you recommend this training to other staff members? Yes No

5. Do you have a need for further in-service activity in this area? Yes No
Does the district/your building have such a need? Yes No

Comments:

6. Would you be willing to share the information with other staff within your building?
The district? Yes No
 Yes No

7. What other programs would be of benefit?

8. Comments?