**PROJECT LEARNING TREE®**

**PROFESSIONAL DEVELOPMENT EVALUATION**

|  |
| --- |
| Date(s): |
| Location (City, State): Facilitator(s): |

**Directions:** Please read each statement and select the response that best describes your experience.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Materials** | Disagree Neutral Agree | | | | | Not Applicable |
| 1. The PLT guide(s) helped me to learn the content. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. Doing the PLT activities during the workshop helped me to learn the content. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The information and handouts presented helped me to learn the content. | 1 | 2 | 3 | 4 | 5 | n/a |
| **Facilitator** |  |  |  |  |  |  |
| 1. The facilitator(s) demonstrated respect for all workshop participants. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The facilitator appeared to be knowledgeable about PLT and its activities and content. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The facilitator was prepared to host the workshop. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The facilitator effectively demonstrated how to conduct activities. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The facilitator asked debriefing questions at the end of each activity. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The facilitator provided adequate time for all activities. | 1 | 2 | 3 | 4 | 5 | n/a |
| **Overall** |  |  |  |  |  |  |
| 1. The workshop provided hands-on activities that I would use in the classroom. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The workshop was held in a adequate venue. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. I felt engaged throughout the workshop. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The PowerPoint presentation was helpful | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. I feel prepared to use PLT activities with my students. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. I plan to use PLT with my students within the next 3 months. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. I would like to participate in additional PLT professional development. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. I will recommend this workshop to a colleague. | 1 | 2 | 3 | 4 | 5 | n/a |
| **Planning** 1. How many students do you reach annually? \_\_\_\_\_\_\_\_\_\_\_\_\_  2. Do you plan to use the activities in the next 6 months? \_\_\_\_\_ 12 months? \_\_\_\_\_  3. Which activities do you think you might use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Comments?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |