**PROJECT LEARNING TREE®**

**PROFESSIONAL DEVELOPMENT EVALUATION**

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| 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?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |