

Harrison County Schools Professional Staff Development

PARTICIPANT'S SUMMARY OF EVALUATION FORM

Session Title: _____
Session Date: _____ Session Time: _____
Location of Session: _____
Presenter's Name: _____
Proposer's Name: _____

Presenter:

Please average the responses from the participant's evaluation to each of the statements below.

Response Key:

- 5 = Excellent
- 4 = Good
- 3 = Adequate
- 2 = Lacking
- 1 = Poor
- N/A = Not applicable

- _____ Presenter was knowledgeable and interesting.
- _____ Session /Material was well organized.
- _____ The information gained in this workshop will aid in classroom instruction.
- _____ How well did this session meet your staff development needs?
- _____ Overall, how would you rank this staff development session.

Please complete the evaluation form and return to the presenter after the CE Session.

Presenter: After the CE Session, please send the **Participant Evaluation Forms, Presenter's Summary of Evaluation Form** and the **Attendance Sheet** to the Professional Staff Development @ the County Office