

NEWTOWN PUBLIC SCHOOLS  
PROFESSIONAL DEVELOPMENT ACTIVITY EVALUATION FORM

**PLEASE COMPLETE IMMEDIATELY AT CONCLUSION OF WORKSHOP**

**This provides feedback to the presenter**

**SEND TO KATHY SWIFT AT THE HIGH SCHOOL**

Optional information:

Name

Subject

Level

Name of activity:

Date:

Presenter/Coordinator:

1. How relevant was this activity to your work with students?
 

N/A	low	1	2	3	4	5 high
-----	-----	---	---	---	---	--------
  
2. How useful will the learning/thinking from this activity be for improving student learning?
 

N/A	low	1	2	3	4	5 high
-----	-----	---	---	---	---	--------
  
3. Please describe in a sentence or two how you will apply what you learned to improve student learning?
  
  
  
4. Please rate the following for quality of the activity:
 

1. Planning	low	1	2	3	4	5 high
2. Presentation and/or Collaboration	low	1	2	3	4	5 high
3. Materials/handouts	low	1	2	3	4	5 high
  
5. Were your expectations met? Explain.
  
  
  
6. How could this professional development activity be improved?
  
  
  
7. What would you like to learn next?
  
  
  
8. Would you be willing to contact to share how you used this information for publication (i.e.; in-house newsletter)?

Name

Email