



Professional Learning Evaluation

Directions: Please complete and return this form to the facilitator(s) at the end of the session.

Title of Professional Learning:

Date: _____ Location: _____

RATE THIS LEARNING EXPERIENCE <i>5=Excellent 4=Good 3=Average 2=Fair 1=Poor</i>	5	4	3	2	1
1. This learning experience increased my knowledge and/or skill.					
2. The information and strategies shared were relevant and applicable.					
3. The facilitator(s) was/were knowledgeable about the content addressed.					
4. The learning experience engaged me as a learner.					
5. Time was provided for collaboration with colleagues.					

One step I can take tomorrow is . . .

To improve this learning experience, the facilitator(s) may wish to consider. . .

Other comments. . .