

FEEDBACK FORM

Professional Development Workshop for Teachers

Topic :

Resource Person

Dates :-

Teachers NameDate of Birth (optional):.....

Name of School.....

E-Mail Address:.....

Total Years of teaching experience and subjects taught.....

Feedback		Please circle the appropriate number			
		Needs Improvement	Good	Very Good	Excellent
1.	Objective and purpose of presentation were clearly stated	1	2	3	4
2.	Presenter showed enthusiasm & involvement in subject	1	2	3	4
3.	Delivery was well-modulated, pleasing to audience	1	2	3	4
4.	Presentation was appropriate to the stated title	1	2	3	4
5.	Presentation was appropriate to the description	1	2	3	4
6.	Material presented was appropriate	1	2	3	4
7.	Presenter allowed sufficient time for questions & discussion	1	2	3	4
8.	Handouts were helpful	1	2	3	4
9.	Examples of student work supported presentation	1	2	3	4

Would you like to recommend the workshop to the teachers of other schools? Yes No

What is the one BEST usable IDEA you gained from this workshop?

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What do you wish there had been more time for?

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Any other suggestions or comments to improve the workshop

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Signatures.....

Dated :