



Spokane Public Schools
excellence for everyone

**CONTINUING EDUCATION CLOCK HOURS
 EVALUATION FORM**

Title of In-Service _____

Catalog Section Number: _____ Date: _____

Location of In-Service: _____

Name of Instructor: _____

Please respond to the questions below so that we can continue to improve our professional learning efforts:

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| 1. The arrangement and the quality of the facilities were conducive to a good learning experience. | Yes | No |
| 2. Appropriate resources were available during the workshop/course to support the learning. | Yes | No |
| 3. I learned new content in this workshop/course. | Yes | No |
| 4. I learned new skills in this workshop/course. | Yes | No |
| 5. The presenter was organized. | Yes | No |
| 6. The presentation was well paced. | Yes | No |
| 7. The presentation was engaging and interactive | Yes | No |
| 8. I feel I have something new to implement in my classroom/work. | Yes | No |

The objectives for this workshop/course were:

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- | | | |
|---|-----|----|
| 9. This course met the stated objectives. | Yes | No |
| 10. I will be looking for more workshops/courses on this topic. | Yes | No |

What else could we do to make this learning experience a better one for you?