



Continuing Education Clock Hours
Summary Evaluation Form

Title of Inservice: _____

Catalog Section Number: _____ Date of Inservice: _____

Objectives:

Location of Inservice: _____

Name of Instructor: _____

Please respond to the following statements by stating the total number of people from this class who answered "Yes" and the total number of people who answered "No."

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

Signature of Person Providing Summary

Date