



Pickens County Schools

Professional Learning Feedback Form

PL Form 3

Program Title:

Presenter:

Date(s):

School/Location:

Position:

- Elementary
 Administrator/District

- Middle
 Support Staff

- High
 Classified

Overall Evaluation:

- Excellent Very Good Good
 Fair Poor

Evaluate the quality of the professional learning activity by checking whether you strongly agree, agree, are undecided, disagree, or strongly disagree with each of the statements below:

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. The activity objectives were related to my educational concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The activity objectives were related to practical educational application in my specific job setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The activity had some outstanding components which were unique or innovative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Presentations were well organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The program schedule was well adapted to my educational needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Meeting facilities were suitable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The strategies utilized, including instructional resources, were appropriate for meeting the stated objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Overall, personnel conducting the activity exhibited the qualities essential to the success of the workshop. (Consider creativity, specialized knowledge, communication skills, and the like).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Overall, the activity was a successful training experience for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Adequate provisions were made for me to identify needs which were not previously identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Adequate provisions were made for me to provide feedback to the personnel conducting the workshop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. As a result of this professional learning activity, I will alter my educational behavior in a more positive direction in my specific job setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: