



HURON CITY SCHOOLS

Evaluation and Reflection Survey (to be used with Reimbursement Request Form)

Please complete this form after you have attended your seminar. This survey will provide feedback and necessary data for the District Continuous Improvement Plan's implementation and feedback to your colleagues who might share an interest in the seminar topic.

Employee Name _____ Seminar Topic _____
 Workshop/Activity Title _____
 Dates Attended _____ Location _____

Given the purpose and anticipated outcomes of the workshop....

1. What were the strengths of the presentation?

2. What will you do differently as a result of attending?

3. How will this activity affect your teaching and support student learning?

	Strongly Disagree	Disagree	Agree	Strongly Agree
The workshop met district/school goals for supporting professional development				
Workshop objectives/outcomes were identified				
Examples and activities supported the workshop objectives/outcomes				
Materials/handouts reinforced workshop objectives/outcomes				
An effective process was used to address questions				
Effective presentation skills made the workshop interesting				
Time allotment for the workshop was appropriate				
I developed skills to help achieve district, school, department or personal goals				
Presenters used strategies to actively involve participants in learning				
I would recommend this workshop/seminar to my colleagues				

Thank you for your time and dedication. It is important that we continue to grow as a learning community!

Submit: *White copy to Curriculum Director, Yellow to Department Chair, Pink to Principal*