



# Professional Learning Feedback Survey

1. At what campus do you work?

- ABC
- DEF
- HIJ
- KLM

2. What grade levels does your program serve? Select all that apply.

- Elementary
- Middle
- High
- Other (Please specify.)

3. What is your role? Select all that apply.

- Director
- Site coordinator
- Teacher
- Youth worker
- Partner

**Please rate today's session on the following criteria:**

4. Quality of content

Excellent	Good	Average	Limited	Poor
<input type="radio"/>				

5. Quality of activities

Excellent	Good	Average	Limited	Poor
<input type="radio"/>				





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6. Quality of presenter(s)

Excellent	Good	Average	Limited	Poor
<input type="radio"/>				

7. Extent objectives met

Excellent	Good	Average	Limited	Poor
<input type="radio"/>				

8. Usefulness of training

Excellent	Good	Average	Limited	Poor
<input type="radio"/>				

9. Relevance of training

Excellent	Good	Average	Limited	Poor
<input type="radio"/>				

10. My familiarity with the concepts and strategies for **[insert training topic]**

	Excellent	Good	Average	Limited	N/A
Before today	<input type="radio"/>				
After today	<input type="radio"/>				

11. My confidence in implementing strategies for **[insert training topic]**

	Excellent	Good	Average	Limited	N/A
Before today	<input type="radio"/>				
After today	<input type="radio"/>				

12. Which components of the **[insert content-relevant information]** process do you believe you are most prepared to implement after today's workshop?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_





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13. Which components of the **[Insert content-relevant information]** process do you believe you need additional support to successfully implement?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

14. Please share any additional thoughts, ideas or questions: