

# SERVICE STAFF DEVELOPMENT EVALUATION FORM

*Fayette County Board of Education*

Title of course/workshop: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

Date: \_\_\_\_\_

1. To what extent do you feel the goals/objectives for this course/workshop were accomplished?  
(circle the appropriate number)

NOT AT ALL < 1    2    3    4    5    6    7 > COMPLETELY

Comments:

2. How would you rate the overall effectiveness of the instructor(s)—preparation, style, methods, rapport—for this courses/workshop? (circle the appropriate number)

INEFFECTIVE < 1    2    3    4    5    6    7 > VERY EFFECTIVE

Comments:

3. To what extent did this course/workshop provide you with useful ideas which you expect to apply to your own professional / personal situation? (circle appropriate number)

NO USEFUL IDEAS < 1    2    3    4    5    6    7 > SEVERAL USEFUL IDEAS

Comments:

4. What suggestions do you have for improving this course/workshop?

5. In retrospect, would you still choose to attend this course/workshop? (circle one response)

YES                      NO                      MAYBE

6. What, if any, suggestions do you have for additional courses/workshop which might be organized in the future?

**You may use the back of this form if you have additional comments, suggestions or constructive criticism.**