City School District of Albany

Professional Development Workshop Feedback Form

Thank you for your continued participation in the professional development workshops/courses listed. You are encouraged to provide your feedback regarding each workshop/course listed in this manual that you have completed.

Please duplicate this form and submit a completed form to the Office of Human Resources: attention Linda Jackson-Chalmers, Assistant Superintendent for Human Resources & Community Relations.

Workshop/course title: _____

Date/Location: _____

Your Name/position title (Optional) _____

Please circle the number which best reflects your feedback regarding each course you completed:

1. Not at all
2. Somewhat
3. Highly

I found the Staff Development Manual to be useful	1	2	3
Provided useful information for my professional development goals	1	2	3
Instructor appeared knowledgeable in the topic presented	1	2	3
Instructor was prepared and organized	1	2	3
The workshop encouraged me to recommend it to my colleagues	1	2	3

Please share your suggestion(s) for courses/workshops and/or instructors, which you would like considered, for future professional development activities.

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