

NNRPDP Evaluation Form

Participant Name: _____ Workshop Title: _____

Role: Teacher Administrator Other _____

Grade Level: Elementary Middle High School
 Circle appropriate grades: **K 1 2 3 4 5** **6 7 8** **9 10 11 12**

Teaching Assignment: Elementary (All) Math Language Arts Science Social Studies
 Other: _____

School: _____ District: _____

Activity/Training Date: _____ Beginning & Ending Time of Training: _____

Facilitator/Presenter: _____ Location: _____

Please rate the following characteristics of the activity.

	Not at all		To some extent		To a great extent	Don't know	N/A
1. The activity matched my needs.	1	2	3	4	5	6	7
2. The activity provided opportunities for interactions and reflections.	1	2	3	4	5	6	7
3. The presenter/facilitator's experience and expertise enhanced the quality of the activity.	1	2	3	4	5	6	7
4. The presenter/facilitator efficiently managed time and pacing of activities.	1	2	3	4	5	6	7
5. The presenter/facilitator modeled effective teaching strategies.	1	2	3	4	5	6	7
6. This activity added to my knowledge of standards and/or my skills in teaching subject matter content.	1	2	3	4	5	6	7
7. The activity will improve my teaching skills.	1	2	3	4	5	6	7
8. I will use the knowledge and skills from this activity in my classroom or professional duties.	1	2	3	4	5	6	7
9. This activity will help me meet the needs of diverse student populations (e.g., gifted and talented, ELL, special ed., at-risk students).	1	2	3	4	5	6	7

Other RPDP events I would like to participate in (Please specify): _____

Comments (please use the back for any additional comment): _____