

VISD District Staff Development Survey

WORKSHOP TITLE: _____ DATE: _____

GRADE/CONTENT AREA: _____ Trainer Name: _____

PLEASE RATE THE FOLLOWING:

	Poor	Fair	Average	Good	Excellent
Content (relevant & current information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workshop Outcome (defined & achieved)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation (effective organization & communication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Materials (handouts, notebooks, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation (engaging activities, interactive focus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Workshop Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which aspects of the workshop were most beneficial to you?

Feedback/Comments

If you desire to be contacted for further information, please complete:

Name: _____ Campus: _____

Best time to be contacted: _____

Please return to Office of Curriculum, Instruction and Accountability