

Professional Development:

Date and Time(s):

Facilitator/Provider:

Approved by:

<b>MOECS Category (Check One)</b>
<input type="checkbox"/> Adjusting Instruction for students with special needs
<input type="checkbox"/> Adjusting Instruction for English Language Learners
<input type="checkbox"/> Adjusting instruction for young children with developmental delays
<input type="checkbox"/> Assessment Strategies
<input type="checkbox"/> Blended/Online Instruction
<input type="checkbox"/> Content Specific to Grade Level
<input type="checkbox"/> Cooperative Learning
<input type="checkbox"/> Cross Curriculum Integration
<input type="checkbox"/> Cultural Awareness
<input type="checkbox"/> Curriculum Revision and Alignment across Grades
<input type="checkbox"/> Differentiated Instruction
<input type="checkbox"/> Engaging and Motivating Students
<input type="checkbox"/> Incorporating Technology into Instruction
<input type="checkbox"/> Pedagogy specific to content
<input type="checkbox"/> Preparing to be a mentor
<input type="checkbox"/> Preparing to teach Advanced Placement/Dual Enrollment
<input type="checkbox"/> Reading in the content area
<input type="checkbox"/> Response to Intervention
<input type="checkbox"/> Responding to Inappropriate Student Behavior
<input type="checkbox"/> School Improvement Planning
<input type="checkbox"/> Using data to adjust instruction
<input type="checkbox"/> Writing across the curriculum

1. Overall Impression:

Great  Good  Average  Poor

2. DISTRACTIONS: Climate or other issues that hindered attention or understanding.

3. DELIVERY: How was the structure or delivery of the session helpful or hindering?

4. \*KEY IDEA: What main idea will you take from the professional development for use in your classroom?

5. WHAT ELSE: What other ideas have you considered because of this professional development?

6. What professional, strategic planning, and/or school improvement goal will be better addressed or monitored in your classroom as a result of this professional development?

7. \*FOLLOW UP: What additional information, support, or training will you need to make this session useful?

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

PIC: \_\_\_\_\_

\*Evaluation submitted without this question complete will not be recorded.