

Washakie County School District #1

Inservice/Workshop/Conference Evaluation - Feedback Report

Name (Participant) _____ Date of Workshop _____

Position _____ School _____

Funding (Circle One): District - Title I-A - Title I-C - Title II-A - Title II-D - Title III - Title V-A - Title VI-B - SPED

Inservice/Workshop/Conference _____

Presenter _____

Location (if other than WCSD #1) _____ Clock Hours _____

Overall Quality: (Please check)

- 4 – Excellent: gained insight and ideas to improve student performance and/or standards-based instruction
- 3 – Worthwhile: gained some insight and ideas to improve student performance and/or standards-based instruction
- 2 – Marginal: very few ideas appropriate to improve student performance and/or standards-based instruction
- 1 – Not Worthwhile: not appropriate to improve student performance or standards-based instruction.

Presentation addressed the topic (LOW) 1 2 3 4 (HIGH)

Presenter(s) was(were) knowledgeable about topic (LOW) 1 2 3 4 (HIGH)

Information useful and plan to use information (LOW) 1 2 3 4 (HIGH)

Would recommend to a colleague (LOW) 1 2 3 4 (HIGH)

Need additional/follow-up inservice, etc. (LOW) 1 2 3 4 (HIGH)

Items of Interest/Comments (optional):

Future topics for consideration (optional):
