

Professional Development Outcomes Survey

Course name: _____

Instructor: _____

Week of: _____

Directions: Please rate the degree to which you were able to implement the course objectives using the following key:

| | | | | | |
|------------|---|-----------------------|---|---|----------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| Not at all | | Inconsistently/partly | | | Entirely |

1. Professional development teacher objectives

As the result of this professional development activity I was able to: Rating

A. _____

B. _____

C. _____

2. Professional development student outcomes

Upon implementation students were able to: Rating

A. _____

B. _____

C. _____

3. Please attach any evidence of implementation or impact (e.g., procedural checklists, logs, journal entries, student data).

4. Please describe any impediments (e.g., lack of materials, support, resources, training) that need to be addressed for consistent, successful implementation to be achieved.

5. Please describe strategies that you used to make implementation easier and or more successful.

6. (Optional) What are some other ways that the professional development had important impact on your practice?

7. (Optional) What are some other ways that the professional development had important impact on student outcomes in your classroom?

General comments:

Would you like follow up? yes no

Please provide contact information (phone/e-mail) so that any questions or difficulties implementing objectives can be addressed.
