**PROJECT LEARNING TREE®**

**PROFESSIONAL DEVELOPMENT EVALUATION**

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| --- |
| Date(s): Location (City, State): |
| Facilitator(s): |

**Directions:** Please read each statement and select the response that best describes your experience.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Setting** | Disagree Neutral Agree | | | | | Not Applicable |
| 1. The amenities at the workshop location met my needs. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The workshop setting was conducive to my learning. | 1 | 2 | 3 | 4 | 5 | n/a |
| **Materials** |  |  |  |  |  |  |
| 1. The PLT guides(s) meet the academic standards important to my school or audience. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The PLT guide(s) helped me to learn the content. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. Doing the PLT activities during the workshop helped me to learn the content. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The information presented helped me to learn the content. | 1 | 2 | 3 | 4 | 5 | n/a |
| **Facilitator** |  |  |  |  |  |  |
| 1. The facilitator demonstrated respect for all workshop participants. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The facilitator is knowledgeable about PLT. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The facilitator appeared to be knowledgeable about the session content. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The facilitator was prepared to host the workshop. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The facilitator used instructional strategies to support my learning. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The facilitator effectively demonstrated how to conduct each activity. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The facilitator asked debriefing questions at the end of each activity. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The facilitator provided adequate time to plan how to integrate PLT into my curriculum or programs. | 1 | 2 | 3 | 4 | 5 | n/a |
| **Overall** |  |  |  |  |  |  |
| 1. The workshop met my needs. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. The workshop met the stated objectives. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. I felt engaged throughout the workshop. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. I feel prepared to use PLT activities with my students. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. I plan to use PLT within the next 3 months. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. I would like to participate in additional PLT professional development. | 1 | 2 | 3 | 4 | 5 | n/a |
| 1. I will recommend this workshop to a colleague. | 1 | 2 | 3 | 4 | 5 | n/a |
| **How did you learn about this PLT workshop opportunity?** |  |  |  |  |  |  |
| **Additional Comments?** |  |  |  |  |  |  |