Professional Learning Survey for Private Schools

Please complete this form following your attendance to a professional learning activity.

Professional Learning Activity Title: _____

Private School Name: _____

Are you a Teacher ☐ or Administrator ☐?

Using the following scale, please check the response best fitting the following statements about the professional learning activities you just participated in:

1 – Don't Know/NA	**2 – Strongly Disagree**	**3 – Disagree**	**4 – Agree**	**5 – Strongly Agree**

1. The information provided will be useful to me.   1☐ 2☐ 3☐ 4☐ 5☐
2. I will be able to apply what I have learned.   1☐ 2☐ 3☐ 4☐ 5☐
3. The instructor was knowledgeable.   1☐ 2☐ 3☐ 4☐ 5☐
4. The pace of the workshop was appropriate.   1☐ 2☐ 3☐ 4☐ 5☐
5. There were ample opportunities for participants to ask questions.   1☐ 2☐ 3☐ 4☐ 5☐
6. Goals and objectives were clearly specified.   1☐ 2☐ 3☐ 4☐ 5☐
7. Modeling of professional practices were demonstrated at an appropriate level. 1☐ 2☐ 3☐ 4☐ 5☐

This session will improve my ability to:

8. …engage and support all students in learning.   1☐ 2☐ 3☐ 4☐ 5☐
9. …create and maintain effective environments for student learning.   1☐ 2☐ 3☐ 4☐ 5☐
10. …understand and organize subject matter for student learning.   1☐ 2☐ 3☐ 4☐ 5☐
11. …plan instruction and design learning experiences for all students.   1☐ 2☐ 3☐ 4☐ 5☐
12. …assess student learning.   1☐ 2☐ 3☐ 4☐ 5☐
13. …differentiate instruction for struggling learners.   1☐ 2☐ 3☐ 4☐ 5☐
14. …differentiate instruction for accelerated learners.   1☐ 2☐ 3☐ 4☐ 5☐

In what ways did this session meet your professional learning needs?

How do you plan to share information from this session with the rest of your staff?

Comments/Suggestions: