



Professional Development Feedback Form

Title:

Presenter:

Date:

Time:

Your job classification: ____ Classified ____ Professional/Technical ____ Administrator ____ Faculty

Please circle the appropriate response for each statement:

	Excellent	Good	Fair	Poor
1. The relevance of this topic to me was	4	3	2	1
2. The usefulness of materials was	4	3	2	1
3. The effectiveness of the presenter was	4	3	2	1
4. I expect the future usefulness of this topic to be	4	3	2	1
5. My overall evaluation of this session is	4	3	2	1

6. What I liked most about this session was

7. What I liked least about this session was

8. Would you recommend this session to others?

____ Yes ____ No If you checked no, please explain why.

9. What topics and/or presenters would you suggest for future sessions?

10. Comments