



Principal Feedback Form Professional Learning Session



Aspiring Leader/Principal Name: _____

Principal Name (Reviewer): _____

School: _____

PL Topic: _____

of Participants: _____

Date of PL: _____

PL Audience: _____

Please complete the following after observing the professional learning session.

Describe the level of engagement by participants in the professional learning session. Share any recommendation or commendations.

How did the individual measure the understanding of the participants involved in the professional learning session?

What went well?

What would you recommend changing?

Describe the individual's two greatest areas for growth when delivering professional learning. Share any suggestions for improvement.

Overall, how would you rate the professional learning session?
Why?



Principal/Reviewer Signature

Date

Return to:

Dr. Shari Huene-Johnson • Professional Development and Learning Office (Box #100) • Fax (239) 377-0011