

ILLINOIS STATE BOARD OF EDUCATION
Certificate Renewal
100 North First Street
Springfield, Illinois 62777-0001

EVALUATION FOR WORKSHOP, CONFERENCE, SEMINAR, ETC.

DIRECTIONS: Please complete and return this form to the presenters of the professional development activity.

TITLE OF PROFESSIONAL DEVELOPMENT ACTIVITY	DATE
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LOCATION (Facility, City, State)

NAME OF PROVIDER

Please answer the following questions by marking the scale according to your perceptions of this professional development activity.

	STRONGLY AGREE	SOMEWHAT AGREE	No OPINION	SOMEWHAT DISAGREE	STRONGLY DISAGREE
1. This activity increased my knowledge and skills in my areas of certification, endorsement or teaching assignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The relevance of this activity to ISBE teaching standards was clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. It was clear that the activity was presented by persons with education and experience in the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The material was presented in an organized, easily understood manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. This activity included discussion, critique, or application of what was presented, observed, learned, or demonstrated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The best features of this activity were:

Suggestions for improvement include:

Other comments and reactions I wish to offer:

(TO BE RETAINED BY PROVIDER FOR AT LEAST THREE YEARS)