



# Illinois State Board of Education

100 North First Street, E-240  
Springfield, Illinois 62777-0001

EVALUATION FOR WORKSHOP,  
CONFERENCE, SEMINAR, ETC.

## EDUCATOR EFFECTIVENESS DEPARTMENT

**DIRECTIONS:** Please complete and return this form to the presenters of the professional development activity. Providers must retain this form for a minimum of six (6) years for ISBE auditing purposes.

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

NAME OF PROVIDER

**1. Indicate the outcome(s) of this professional development. (Check all that apply)**

- Increased the knowledge and skills of school and district leaders who guide continuous professional development
- Will lead to improved learning for students
- Addressed the organization of adults into learning communities whose goals are aligned with those of their schools and districts
- Deepened participants' content knowledge in one or more content (subject) areas
- Provided participants with research-based instructional strategies to assist students in meeting rigorous academic standards
- Prepared participants to appropriately use various types of classroom assessments
- Used learning strategies appropriate to the intended goals
- Provided participants with the knowledge and skills to collaborate
- Prepared participants to apply research to decision-making
- Provided educators with training on inclusive practices in the classroom that examines instructional and behavioral strategies that improve academic and social-emotional outcomes for all students, with or without disabilities, in a general education setting
- None of the above describes the effects of this professional development

**2. Identify those statements that directly apply to this professional development. (Check all that apply)**

- Activities were of a type that engaged participants over a sustained period of time allowing for analysis, discovery, and application as they relate to student learning, social or emotional achievement, or well-being.
- This professional development aligned to my performance as an educator.
- The outcomes for the activities relate to student growth or district improvement.
- The activities offered for this event aligned to State-approved standards.
  - Professional Development Standards
  - Illinois Content Area Standards
  - Professional Educator Standards
  - Illinois Professional Leader Standards
- This activity was higher education coursework.
- None of these statements apply to this professional development.

**3. For each statement below, write the number (4 to 1) that best describes how you feel about your experience in this professional development.**

4 – Strongly Agree    3 – Agree    2 – Somewhat Agree    1 – Disagree

- A. \_\_\_\_ The outcomes of this professional development were clearly identified as the knowledge and/or skills that I should gain as a result of my participation.
- B. \_\_\_\_ This professional development will impact my professional growth or student growth in regards to content knowledge or skills, or both.
- C. \_\_\_\_ This professional development will impact my social and emotional growth or student social and emotional growth.
- D. \_\_\_\_ Overall, the presenter appeared to be knowledgeable of the content provided
- E. \_\_\_\_ The materials and presentation techniques utilized were well-organized and engaging
- F. \_\_\_\_ The professional development aligned to my district or school improvement plans.