



PROJECT LEARNING TREE®

PROFESSIONAL DEVELOPMENT EVALUATION

Date(s): 6/5/19 Location (City, State): Charleston, WV

Facilitator(s): Linda Carnell, Andy Sheetz, Claire Ferguson, and Tom Oxley

Directions: Please read each statement and select the response that best describes your experience.

Setting

| | Disagree | | Neutral | | Agree | | Not Applicable |
|---|----------|---|---------|---|-------|--|----------------|
| 1. The workshop location was easy for me to get to. | 1 | 2 | 3 | 4 | 5 | | n/a |
| 2. The amenities at the workshop location met my needs. | 1 | 2 | 3 | 4 | 5 | | n/a |
| 3. The workshop setting was conducive to my learning. | 1 | 2 | 3 | 4 | 5 | | n/a |

Materials

| | | | | | | | |
|--|---|---|---|---|---|--|-----|
| 4. The PLT guides(s) meet the academic standards important to my school or audience. | 1 | 2 | 3 | 4 | 5 | | n/a |
| 5. The PLT guide(s) helped me to learn the content. | 1 | 2 | 3 | 4 | 5 | | n/a |
| 6. Doing the PLT activities during the workshop helped me to learn the content. | 1 | 2 | 3 | 4 | 5 | | n/a |
| 7. The information presented helped me to learn the content. | 1 | 2 | 3 | 4 | 5 | | n/a |
| 8. The handout(s) helped me to learn the content. | 1 | 2 | 3 | 4 | 5 | | n/a |

Facilitator

| | | | | | | | |
|--|---|---|---|---|---|--|-----|
| 9. The facilitator demonstrated respect for all workshop participants. | 1 | 2 | 3 | 4 | 5 | | n/a |
| 10. The facilitator appeared to be knowledgeable about PLT and its activities. | 1 | 2 | 3 | 4 | 5 | | n/a |
| 11. The facilitator appeared to be knowledgeable about the session content. | 1 | 2 | 3 | 4 | 5 | | n/a |
| 12. The facilitator was prepared to host the workshop. | 1 | 2 | 3 | 4 | 5 | | n/a |
| 13. The facilitator used instructional strategies to support my learning. | 1 | 2 | 3 | 4 | 5 | | n/a |
| 14. The facilitator effectively demonstrated how to conduct each activity. | 1 | 2 | 3 | 4 | 5 | | n/a |
| 15. The facilitator asked debriefing questions at the end of each activity. | 1 | 2 | 3 | 4 | 5 | | n/a |
| 16. The facilitator provided adequate time for me to plan how to integrate PLT into my curriculum or programs. | 1 | 2 | 3 | 4 | 5 | | n/a |

Overall

| | | | | | | | |
|---|---|---|---|---|---|--|-----|
| 17. The workshop was fun. | 1 | 2 | 3 | 4 | 5 | | n/a |
| 18. The workshop met my needs. | 1 | 2 | 3 | 4 | 5 | | n/a |
| 19. I felt engaged throughout the workshop. | 1 | 2 | 3 | 4 | 5 | | n/a |
| 20. I feel prepared to use PLT activities with my students. | 1 | 2 | 3 | 4 | 5 | | n/a |
| 21. I plan to use PLT with my students within the next 3 months. | 1 | 2 | 3 | 4 | 5 | | n/a |
| 22. I would like to participate in additional PLT professional development. | 1 | 2 | 3 | 4 | 5 | | n/a |
| 23. I will recommend this workshop to a colleague. | 1 | 2 | 3 | 4 | 5 | | n/a |

Comments?

Optional: Contact Information (if you would like to be contacted regarding your workshop evaluation)

Name: _____

Contact Email: _____ Contact Phone: _____