



# OC ETFO/FEEO Professional Learning Evaluation Form

Workshop Title / Committee: \_\_\_\_\_

Workshop Date: \_\_\_\_\_

Presenter (Optional): \_\_\_\_\_

## Rate the workshop on the following criteria:

**Poor = 1      Excellent = 5 (Please Circle)**

- |                                                           |   |   |   |   |   |
|-----------------------------------------------------------|---|---|---|---|---|
| 1. Content was based on practical classroom applications. | 1 | 2 | 3 | 4 | 5 |
| 2. Activities were designed for diverse-learning styles.  | 1 | 2 | 3 | 4 | 5 |
| 3. Opportunities for collaborative learning.              | 1 | 2 | 3 | 4 | 5 |

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4. Areas of strength for this workshop?

5. Areas for improvement for this workshop?

6. Future workshop requests?

7. Additional Comments