

Appendix C

PDC USE ONLY

Date Rec'vd _____

Initials _____

PROFESSIONAL DEVELOPMENT ACTIVITY EVALUATION FORM

ACTIVITY TITLE

DATE

Rate the following:

	Inadequate			Excellent	
	1	2	3	4	5
1. The goals and objectives of the activity were clear and understandable.	1	2	3	4	5
2. The objectives of the activity were achieved.	1	2	3	4	5
3. The content was organized and presented in proper sequence.	1	2	3	4	5
4. The concepts and ideas presented can be incorporated easily in my classroom and/or role as a professional educator.	1	2	3	4	5
5. This activity directly aligns with the goals and objectives in my school's and/or district's professional development plan.	1	2	3	4	5
6. The subject matter was presented in an effective manner.	1	2	3	4	5
7. The speaker exhibited knowledge and experiences necessary to present the material in this activity.	1	2	3	4	5
8. The speaker used effective materials and resources.	1	2	3	4	5
9. I would recommend this activity to another teacher and/or administrator.	1	2	3	4	5
10. The strategies and/or methodologies presented in this activity are relevant to the needs of students in USD #417.	1	2	3	4	5

Place a check mark beside the grade level(s) you teach in Morris County USD #417.

Gr. P/K-2 _____

Gr. 3-5 _____

Gr. 6-8 _____

Gr. 9-12 _____

Other _____