

## Professional Development Exit Questionnaire

[Title of Professional Development]

[Date]

Name: \_\_\_\_\_ (optional)    Position Title/Role: \_\_\_\_\_

District/School: \_\_\_\_\_

Topic(s): \_\_\_\_\_    Duration (hours/days) \_\_\_\_\_

To what degree do you agree with the items below? (5 Strongly Agree – 1 Strongly Disagree)	Rate the item using scale below					
	5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree	Not Applicable
<b>The staff development:</b>						
1. was of high quality.	⑤	④	③	②	①	①
2. was timely.	⑤	④	③	②	①	①
3. was relevant to my needs.	⑤	④	③	②	①	①
4. format and structure facilitated my learning.	⑤	④	③	②	①	①
5. enhanced my understanding of how to develop a formative evaluation plan.	⑤	④	③	②	①	①
6. enhanced my understanding of how to implement a formative evaluation plan.	⑤	④	③	②	①	①
7. helped me gain new information and skills.	⑤	④	③	②	①	①
8. will assist me in making better-informed decisions.	⑤	④	③	②	①	①
9. provided important resources for me.	⑤	④	③	②	①	①
10. will assist my district/school and/or me in developing a formative evaluation plan.	⑤	④	③	②	①	①
11. will assist my district/school and/or me in implementing formative evaluation.	⑤	④	③	②	①	①
12. met my expectations.	⑤	④	③	②	①	①

How will you use what you have learned?

What was the most useful part of this staff development? Why?

What was the least useful part of this staff development? Why?

What additional training/support do you need?