



Session Evaluation

Session Date: _____ Session Location: _____

Presenter(s): _____

	Agree	Neutral	Disagree
1. The presenter was knowledgeable about the content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The presenter effectively answered questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The presenter used time effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The activities solidified or enhanced my learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have gained the following knowledge and skills:

I anticipate this session will have the following impact teaching and learning in my classroom:

I plan to further my learning by:

Please use the back for additional comments.

