



# Illinois State Board of Education

100 North First Street, E-240  
Springfield, Illinois 62777-0001

EVALUATION FOR WORKSHOP,  
CONFERENCE, SEMINAR, ETC.

## EDUCATOR EFFECTIVENESS DEPARTMENT

**DIRECTIONS:** Please complete and return this form to the presenters of the professional development activity. Providers must retain this form for a minimum of six (6) years for ISBE auditing purposes.

TITLE OF PROFESSIONAL DEVELOPMENT ACTIVITY	DATE
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LOCATION (Facility, City, State)

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NAME OF PROVIDER

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1. Indicate the outcome(s) of this professional development. **(Check all that apply)**
  - Increased the knowledge and skills of school and district leaders who guide continuous professional development
  - Will lead to improved learning for students
  - Addressed the organization of adults into learning communities whose goals are aligned with those of their schools and districts
  - Deepened participants' content knowledge in one or more content (subject) areas
  - Provided participants with research-based instructional strategies to assist students in meeting rigorous academic standards
  - Prepared participants to appropriately use various types of classroom assessments
  - Used learning strategies appropriate to the intended goals
  - Provided participants with the knowledge and skills to collaborate
  - Prepared participants to apply research to decision-making
  - Provided educators with training on inclusive practices in the classroom that examines instructional and behavioral strategies that improve academic and social-emotional outcomes for all students, with or without disabilities, in a general education setting
  - None of the above describes the effects of this professional development
  
2. Identify those statements that directly apply to this professional development. **(Check all that apply)**
  - Activities were of a type that engaged participants over a sustained period of time allowing for analysis, discovery, and application as they relate to student learning, social or emotional achievement, or well-being.
  - This professional development aligned to my performance as an educator.
  - The outcomes for the activities relate to student growth or district improvement.
  - The activities offered for this event aligned to State-approved standards.
    - Professional Development Standards
    - Illinois Content Area Standards
    - Professional Educator Standards
    - Illinois Professional Leader Standards
  - This activity was higher education coursework.
  - None of these statements apply to this professional development.
  
3. For each statement below, write the number (4 to 1) that best describes how you feel about your experience in this professional development.  
4 – Strongly Agree    3 – Agree    2 – Somewhat Agree    1 – Disagree
  - A. \_\_\_\_ The outcomes of this professional development were clearly identified as the knowledge and/or skills that I should gain as a result of my participation.
  - B. \_\_\_\_ This professional development will impact my professional growth or student growth in regards to content knowledge or skills, or both.
  - C. \_\_\_\_ This professional development will impact my social and emotional growth or student social and emotional growth.
  - D. \_\_\_\_ Overall, the presenter appeared to be knowledgeable of the content provided
  - E. \_\_\_\_ The materials and presentation techniques utilized were well-organized and engaging
  - F. \_\_\_\_ The professional development aligned to my district or school improvement plans.