

Teacher Professional Development Training Evaluation

Participant Information

Name

Email

School/Organization

Date of Training

Training Evaluation

1. The objectives of the training were clear.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

2. The content was relevant to my professional needs.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

3. The training was engaging and interactive.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

4. The facilitator(s) demonstrated expertise.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

5. The training met my expectations.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Comments & Suggestions

What did you like most about the training?

How can we improve future trainings?

Any additional comments?