

COMMON FEEDBACK FORM ONE-DAY SESSION

Session Title: _____ Technology _____ Session Date: _____ Today's Focus was: _____				
	Strongly Agree	Agree	Disagree	Strongly Disagree
Professional Practice:				
1. Prior to today's session, the content of the session was familiar to me.				
2. I have gained strategies to implement in my professional practice.				
Student Impact:				
3. I will integrate into my planning and instruction.				
4. Today's session will contribute to student learning and achievement.				
Engagement:				
5. Sufficient time was allocated to activities of the day.				
6. I would recommend this session to a colleague.				
7. My professional learning could be improved with the following next steps: <input type="checkbox"/> Support with implementation explain: _____ <input type="checkbox"/> Additional materials - explain: _____ <input type="checkbox"/> instruction would require this _____ <input type="checkbox"/> Additional information - explain: _____				
8. Do you have any additional comments (or, question specific to the particular workshop)				