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COMMON FEEDBACK FORM MULTI-DAY SESSION - WRAP-UP



Session title: Session Date: Presenters: Series Focus:

Shade Circles Like This> ●	
Not Like This>	Ø

Oches i ocus.				
	Strongly Agree	Agree	Disagree	Strongly Disagree
1. There was a close connection between each session in this series. (E.g., day 1, day 2, day 3).	0	0	0	0
2. I collected evidence as part of the professional learning.	0	0	0	0
3. a) I found the collection of evidence useful.	0	0	0	0
b) What type of evidence did you collect?				
Throughout the professional learning, there were opportunities to collaborate.	0	0	0	0
5. I had an opportunity to work with an Observation Chart as part of my professional learning (Mid-Point Self-Observation Chart).	0	0	0	0
6. a) As a result of the professional learning, my teaching/instruction has changed.b) If your teaching changed, how did it change?	0	0	0	0
7. a) As a result of the professional learning, I observed a change in				
student learning/achievement.	0	0	0	0
b) If you observed a change in student learning/achievement, how did it o	change?			
8. My professional learning could be improved with the following next steps: O Support with implementation - explain:				
O Additional materials - explain:				
O Additional information - explain:				
9. Do you have any additional comments (or, question specific to the profes	ssional learning)			