

# Professional Development Evaluation Form

*Organizational Development and Training*

**We want your feedback!**

*Please help us to continually improve our programs by responding to the following questions.  
Your answers will remain anonymous.*

Please check one: \_\_\_ Faculty \_\_\_ Classified Staff \_\_\_ Officer of Administration \_\_\_ Student/GTF

Training \_\_\_\_\_

Date \_\_\_\_\_

Presenter \_\_\_\_\_

<p><b>TRAINING CONTENT</b> <i>Please place a checkmark in the box which best describes your answer.</i></p>	<b>Not Applicable (0)</b>	<b>Not at all (1)</b>	<b>Very little (2)</b>	<b>Moderately (3)</b>	<b>Significantly (4)</b>	<b>Absolutely (5)</b>
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**To what extent did this workshop:**

1. accomplish its stated learning objectives?
2. meet your learning objectives?
3. motivate you to apply what you learned in your work?
4. improve your ability to do a part of your job?
5. appear relevant to your personal, technical, or professional development in your job?


<p><b>LEARNING ACTIVITIES</b> <i>Please place a checkmark in the box which best describes your answer.</i></p>	<b>Not Applicable (0)</b>	<b>Not at all (1)</b>	<b>Very little (2)</b>	<b>Moderately (3)</b>	<b>Significantly (4)</b>	<b>Absolutely (5)</b>
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**To what extent did the following contribute to your learning?**

6. Audio-visual use (overhead, DVD, Video, Powerpoint)
7. Handout items (thoroughness, organization, clarity, relevance)
8. Exercises, role plays, or similar activities
9. Group discussion


**Additional Comments** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<p><b>PRESENTER</b></p> <p><i>Please place a checkmark in the box which best describes your answer.</i></p>	Not Applicable (0)	Not at all (1)	Very little (2)	Moderately (3)	Significantly (4)	Absolutely (5)
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**To what extent did the presenter(s):**

- 10. make effective use of group participation?
- 11. keep the discussion focused on the topic?
- 12. make effective use of workshop materials?


Additional Comments \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

13. **How do you see yourself using what you have learned?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. **How could the workshops effectiveness have been improved?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. **Suggestions for future workshops:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Participant Preference (please mark all that apply)**

1. I chose this program for professional reasons.	
2. I chose this program for personal reasons.	
3. This program was recommended to me by another employee.	
4. My supervisor recommended that I attend this program.	
5. This program should be offered again.	